

Champlain **LHIN**

# 2018-19

# Annual Business Plan



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# Transmittal Letter from the Champlain LHIN Board Chair

March 1, 2018

Tim Hadwen  
Assistant Deputy Minister  
Health System Accountability, Performance and French Language Services Division  
Ministry of Health and Long-Term Care  
80 Grosvenor Street, 5th Floor, Hepburn Block  
Toronto, Ontario M7A 1R3

Dear Mr. Hadwen:

Please find attached the Champlain LHIN's *Annual Business Plan 2018-19*, which has been endorsed by the Board of Directors. The plan outlines the goals, objectives and actions for the fiscal year as we work towards our vision of "Healthy people and healthy communities supported by a quality, accessible health system". The plan builds on previous years' successes and supports the Ministry of Health and Long-Term Care provincial priorities.

*Patients First* created the foundation of an integrated health care system to deliver world-class patient care closer to home, with services distributed equitably across the province. As we work with the Ministry, LHINs and local health system partners to collectively transform health care, local care planning and delivery will happen at the community level and will focus on the patient and their family as the key partners in delivering care.

By putting patients first in everything we do, we will provide faster access to the care patients need today and make the necessary investments to ensure our health system will be there for patients of generations to come.

As described in the *Integrated Health Service Plan 2016-19*, the Champlain LHIN adopted three strategic directions aligned with the provincial report *Patients First: Action Plan for Health Care*, to guide an ambitious agenda for transforming our health system. Our three strategic directions are:

- 1) **Integration:** *Improve the patient and family experience across the continuum of care*
- 2) **Access:** *Ensure health services are timely and equitable*
- 3) **Sustainability:** *Increase the value of our health system for the people it serves*

The *Annual Business Plan 2018-19* seeks to respond to local issues while contributing to the fulfillment of the Ministry's promise of a caring, integrated experience for patients, and faster access to quality health services for all Ontarians at every stage of life.

This year, we will move boldly on the mobilization of sub-regions in Champlain. As we shift health system planning to the sub-regional level, we will focus on the social determinants of health and empower sub-regions to take control of the health of their respective populations. Through strategic partnerships, both within the health sector and beyond, we will develop new and innovative models of care. With our partners, we will reshape the delivery of mental health services, modernize the provision of home and community care and reimagine long-term care. All of this, will be supported by the meaningful engagement and empowerment of the patients, caregivers and communities we serve.

The Champlain LHIN has worked actively with the Indigenous Health Circle Forum (Circle) since 2008. This year, we will further strengthen our commitment and that of our health service providers to the health and wellness of Indigenous Peoples through our partnership with the Circle. In addition, the LHIN will respond to the Calls to Action of the *Truth and Reconciliation Commission of Canada* to address the priorities it identified as important to the health and well-being of Indigenous communities.

As well, our efforts to achieve a more integrated, comprehensive and equitable health care system will continue to consider the diverse needs of our region, including French language and multicultural service delivery.

Our business plan is ambitious, but its achievement is integral to meeting the expectations laid-out in the *Integrated Health Service Plan 2016-19*, advancing the priorities described in the Minister's mandate letter, and living up to our Ministry-LHIN Accountability Agreement commitments.

Sincerely,

A handwritten signature in black ink, reading "Jean-Pierre Boisclair". The signature is written in a cursive, flowing style.

Jean-Pierre Boisclair  
Board Chair

# Mandate and Strategic Directions

Under the *Local Health System Integration Act, 2006*, the mandate of the Champlain Local Health Integration Network (LHIN) is to engage the community and promote the integration of the local health system.

It is our role to plan for health service needs in the region, including needs regarding physician resources. We fund health service providers (Providers) within several health sectors and ensure they are accountable for achieving performance standards. We are accountable to the Minister for the performance of the local health system and its health services.

The Champlain LHIN also delivers home and community care service and resources to support over 58,000 patients each year at home, or in the community.

We recognize the impact of the social determinants of health and work towards the reduction or elimination of health disparities and inequities. We work with primary care, public health and community services to develop and implement health promotion strategies.

Our work is focused on improving the health care system for residents who live in communities within our geographic boundaries. In May 2017-18, the Ministry of Health and Long-Term Care (Ministry) expanded the Champlain LHIN's mandate to include the governance and management of home and community care in the region.

The Ministry also set out clear expectations for the Champlain LHIN for 2018-19. This year, in support of the *Patients First: Action Plan for Health Care*, we will work together with the Ministry on a set of shared priorities.

We will continue to harness the opportunities provided through *Patients First* to broaden our impact on the health of those we serve.

Our fourth strategic plan, *Integrated Health Service Plan (IHSP) 2016-19*, reflects the needs and aspirations of our community. Developed through extensive consultation with the local community (including Providers and their boards, health service consumers, the public and other partners), the *IHSP* outlines the LHIN's priorities to achieve its vision and meet its mandate of integrating the health care system at the local level.

## Ministry–LHIN Shared Priorities

- Improve the patient experience by partnering with patients in health care planning and by delivering care that reflects the patient voice and is responsive to patients' needs, values and preferences.
- Address the root causes of health inequities and the social determinants of health.
- Reduce the burden of disease and chronic illness and investing in health promotion.
- Create healthy communities by improving access to primary care and reducing wait times for specialist care, mental health & addictions services, home and community care and acute care for patients when they need it, which will reduce variation in access across the province.
- Break down silos between our health care sectors and providers to ensure seamless transitions for patients, and to ensure that providers work together and in collaboration with patients to deliver the best possible care.
- Support innovation by delivering new models of care and digital solutions to make accessing care easier for patients and more efficient for health care providers.

The *IHSP* is a strategic plan that describes how the LHIN's priorities align with those of the Ministry.

The *Annual Business Plan (ABP)* is the yearly plan that maps out how we are fulfilling the *IHSP*'s strategic goals. It forms part of the Ministry-LHIN Accountability Agreement, and is driven by the Champlain LHIN's vision, mission, and values.

As 2018-19 will be the final year of our three-year strategic plan, this year will provide an opportunity to re-examine our mission, vision and values and engage stakeholders in the development of our next strategic plan.

## Strategic Foundation



## Strategic Directions

The *IHSP 2016-19* identifies three strategic directions that will guide our work during the three-year period. The actions we take in one may support actions taken in another:

- 1) **Integration:** *Improve the patient and family experience across the continuum of care*
- 2) **Access:** *Ensure health services are timely and equitable*
- 3) **Sustainability:** *Increase the value of our health system for the people it serves.*

Our strategic directions reflect the needs of the region and were developed to support the key objectives of the Ministry, described in *Patients First: Action Plan for Health Care*<sup>1</sup>.

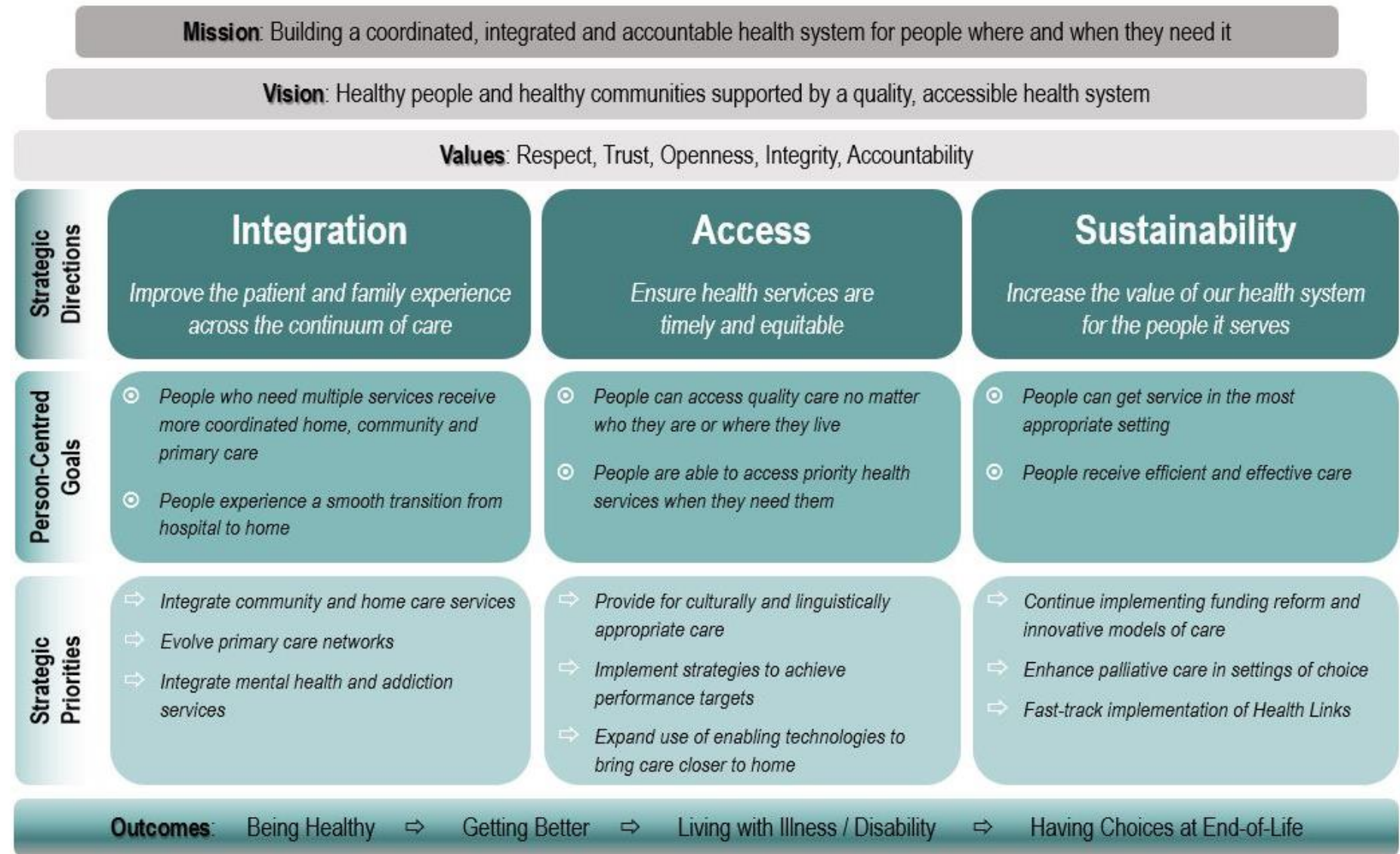
Our *IHSP* addresses four population health outcomes:

- 1) **Being Healthy** – *Helping individuals stay physically and mentally healthy and prevent risk of injury, illness, chronic condition or disability*
- 2) **Getting Better** – *Helping individuals return to health after suffering an acute illness or injury*
- 3) **Living with Illness or Disability** – *Helping individuals receive appropriate care and support related to chronic illness or disability*
- 4) **Having Choices at End-of-life** – *Helping individuals receive care and support that relieves suffering and improves the quality of living with, or dying from, a progressive, life-limiting illness.*

<sup>1</sup> Ministry of Health and Long-Term Care (2015). *Patients First: Action Plan for Health Care*. Toronto, ON.

This *ABP* will describe how we will operationalize the second year of our strategic plan.

## Our Strategic Plan at a Glance





# Alignment with the Priorities of Minister's Mandate Letter

Minister's Mandate Letter Priorities	Key commitments, goals, actions and/or outcomes from the LHIN's ABP
<b>Transparency and Public Accountability</b>	<ul style="list-style-type: none"> <li>• <i>Work with our provincial partners to complete a review of Ontario LHINs and identify opportunities for savings that can be reinvested into patient care.</i></li> <li>• <i>Strive to attain a high degree of transparency, through regular performance reports to the Ministry of Health and Long-Term Care, our Board of Directors and the public.</i></li> <li>• <i>Identify measures and performance targets, where applicable, that align with our Accountability Agreement with the Ministry, our Integrated Health Service Plan and other provincial and local priorities.</i></li> <li>• <i>Effectively manage all strategic and operational risks while ensuring alignment with government priorities and achievement of our Annual Business Plan.</i></li> </ul>
<b>Improve the Patient Experience</b>	<ul style="list-style-type: none"> <li>• <i>Continue to advance our strategic direction to improve the patient and family experience across the continuum of care.</i></li> <li>• <i>Continue to engage our Patient and Family Advisory Committee to ensure patients and families have a meaningful voice in local health system planning.</i></li> <li>• <i>Improve coordination of care for people with complex health conditions through the Health Links approach.</i></li> <li>• <i>Work towards improving transitions for patients between different health sectors and providers so that patients receive seamless, coordinated care and only need to tell their story once.</i></li> <li>• <i>Enhance respite care for caregivers of people with dementia.</i></li> </ul>
<b>Build Healthy Communities Informed by Population Health Planning</b>	<ul style="list-style-type: none"> <li>• <i>Continue development of integrated networks of care in all LHIN sub-regions that are informed by community engagement and guided by a common understanding of the unique population health needs within each sub-region.</i></li> <li>• <i>Expand our sub-regional planning efforts to focus on strengthening, coordinating and integrating primary care, and home and community care. Through sub-regional planning, we will collaborate with health system partners to address health gaps and improve patient experience and outcomes.</i></li> <li>• <i>Partner with Public Health in the collection and analysis of information concerning social determinants of health, the development of targeted population health assessments (including mental health and addictions) and aligning, where appropriate, our planning and community engagement efforts to inform future strategic plans.</i></li> </ul>
<b>Quality Improvement, Consistency and Outcomes-Based Delivery</b>	<ul style="list-style-type: none"> <li>• <i>Work with local health system partners to introduce new Quality Based Procedures.</i></li> <li>• <i>Improve the measurement and quality of the client / caregiver experience for individuals receiving home care services.</i></li> <li>• <i>Recruit clinical leads in each of five sub-regions to engage local clinicians.</i></li> <li>• <i>Monitor our progress against performance measures and targets that align with quality and patient care standards.</i></li> </ul>
<b>Equity</b>	<ul style="list-style-type: none"> <li>• <i>Collaborate with Public Health to conduct population health planning within LHIN sub-regions supported through the collection and analysis of information concerning social determinants of</i></li> </ul>

Minister's Mandate Letter Priorities	Key commitments, goals, actions and/or outcomes from the LHIN's ABP
	<p>health.</p> <ul style="list-style-type: none"> <li>• <i>Work together with Public Health to address the health priorities of distinct populations, such as Indigenous, Francophone and immigrant communities.</i></li> <li>• <i>Address the region's diversity by reaching out to Francophone, Indigenous and immigrant communities through communications.</i></li> <li>• <i>Finalize an equity framework for Indigenous Peoples.</i></li> <li>• <i>Ensure the Champlain LHIN provides the active offer of French language services to Francophones and identify areas of the health system that require more services in French.</i></li> <li>• <i>Develop plans to improve system navigation, cultural competency, and pathways to care for trans, two-spirit, intersex and gender diverse communities.</i></li> </ul>
<b>Primary Care</b>	<ul style="list-style-type: none"> <li>• <i>Recruit clinical leads in each of five sub-regions to engage local clinicians.</i></li> <li>• <i>Engage our regional Primary Care Council in system-level planning.</i></li> <li>• <i>Test a facilitated-outreach approach that connects small primary care practices and their patients to care teams.</i></li> <li>• <i>Develop a plan with input from primary care providers, patients, family caregivers and partners that links care coordinators and system navigators to primary care.</i></li> <li>• <i>Improving access to inter-professional health care providers to ensure comprehensive care.</i></li> <li>• <i>Work with providers to align health link areas with sub-regions and continue to support the expansion of the health link approach to reach 10,000 people across the region.</i></li> </ul>
<b>Hospitals and Partners</b>	<ul style="list-style-type: none"> <li>• <i>Seek opportunities to bundle payments for certain types of care and develop reinvestment strategies to direct resources to critical priorities.</i></li> <li>• <i>Support hospital improvement processes to reduce time spent in the emergency room.</i></li> <li>• <i>Reduce hospital readmissions by enhancing allied care supports for the management of vascular health conditions focused on rural communities across Champlain.</i></li> <li>• <i>As part of our performance measurement framework, monitor the percentage of alternate level of care (ALC) days and emergency department lengths of stay.</i></li> </ul>
<b>Specialist Care</b>	<ul style="list-style-type: none"> <li>• <i>Work with providers to reduce wait times and coordinate access to services for musculoskeletal conditions and advance the implementation of related funding models.</i></li> <li>• <i>Work with providers to implement mental health screening tools for anxiety and depression.</i></li> <li>• <i>Increase utilization of eConsult services to further improve access and care and minimize the number of unnecessary referrals.</i></li> </ul>
<b>Home and Community Care</b>	<ul style="list-style-type: none"> <li>• <i>Continue to implement initiatives that strengthen home and community care.</i></li> <li>• <i>Increase the stability and engagement of the home and community care workforce.</i></li> <li>• <i>Integrate and enhance community support services including homemaking, attendant outreach and day services to improve access and reduce wait times.</i></li> <li>• <i>Work with the Ontario Palliative Care Network, Champlain Hospice Palliative Care Program, the Champlain Regional Cancer Program, and other health system partners, to address inequities in the availability of services and programs for people at end-of-life.</i></li> </ul>
<b>Long-Term Care</b>	<ul style="list-style-type: none"> <li>• <i>Enhance access to alternatives to long-term care homes.</i></li> <li>• <i>Support the Ministry's multi-year Aging with Confidence strategy.</i></li> </ul>

Minister's Mandate Letter Priorities	Key commitments, goals, actions and/or outcomes from the LHIN's ABP
<b>Dementia Care</b>	<ul style="list-style-type: none"> <li>• <i>Implement regional dementia capacity plans, with support from the ministry, to enable persons living with dementia and their care partners to live well at home and in their communities for as long as possible.</i></li> </ul>
<b>Mental Health and Addictions</b>	<ul style="list-style-type: none"> <li>• <i>Establish partnerships among primary care and mental health providers to promote integrated care and management within LHIN sub-regions.</i></li> <li>• <i>Reduce wait times and improve integration and access to mental health and addictions services within LHIN sub-regions, including structured psychotherapy and supportive housing.</i></li> <li>• <i>Enhance access to services that improve the well-being of youth transitioning from child to adult mental health and addictions services.</i></li> <li>• <i>Support the provincial opioid strategy and coordinate and evaluate local resources to connect patient with high quality addictions treatment.</i></li> </ul>
<b>Innovation, Health Technologies and Digital Health</b>	<ul style="list-style-type: none"> <li>• <i>Support of the Provincial Hospital Information System (HIS) renewal strategy and its focus on consolidated hubs.</i></li> <li>• <i>Grow the use of telemedicine, evaluate the Palliative Telehomecare Pilot and explore opportunities for virtual care to support transitional aged youth with diabetes.</i></li> <li>• <i>Increase utilization of eConsult services to further improve access and care and minimize the number of unnecessary referrals.</i></li> <li>• <i>Complete the contribution of all Champlain hospitals to the provincial clinical document repository and launch the provincial clinical viewer for clinicians in Champlain to improve access to current electronic patient health records.</i></li> </ul>

# Overview: Current and Planned Programs / Activities

## Our System is Complex

The Champlain LHIN is responsible for the governance and management of home and community care in the region. Much of the care is delivered through service provider organizations. The LHIN also funds Providers across the region to deliver programs in 5 sectors:

- *Community Mental Health and Addictions Programs*
- *Community Health Centres*
- *Community Support Service Agencies (like Meals on Wheels)*
- *Hospitals*
- *Long-Term Care Homes.*

The health system in Champlain is broad and complex, with many LHIN-funded health programs, and many other non-LHIN-funded providers, such as public health, paramedic (ambulance) services, and most physicians.

In May 2017-18, the former Champlain Community Care Access Centre was integrated into the Champlain LHIN. This integration provides an incredible opportunity in our health system to leverage the strengths of each organization to continue building a strong foundation of home and community care.

This year, in an effort to continue improving efficiency and effectiveness, we will work with our provincial partners to complete a review of LHINs across the province and identify opportunities for savings that can be reinvested into patient care.

In 2017-18, the Champlain LHIN invested approximately \$2.67 billion to support 239 programs across the region. See the table, below, for an overview of the sectors and programs funded by the Champlain LHIN. [A complete list of Providers and their accountability agreements are available on our website.](#)

## Programs and Allocation by Sector (2017-18)

Programs	Sector	Annual Allocation	% of total
20	Hospitals	\$1,811,999,031	67.8%
60	Long-Term Care Homes	\$357,015,553	13.4%
1	LHIN Home and Community Care and Operations	\$264,688,527	9.9%
65	Community Mental Health & Addiction Services	\$97,420,767	3.6%
82	Community Support Services*	\$73,574,309	2.8%
11	Community Health Centres (some CHCs with multiple satellites)	\$66,550,143	2.5%
<b>239</b>		<b>\$2,671,428,330</b>	<b>100%</b>

\* Includes funding for Acquired Brain Injury and Assisted Living Services in Supportive Housing

\*\*Year-end Forecast as of Jan 31, 2018.

We will engage these partners to focus on the three strategies described in our *IHSP*:

- 1) **Integration:** *Improve the patient and family experience across the continuum of care*
- 2) **Access:** *Ensure health services are timely and equitable*
- 3) **Sustainability:** *Increase the value of our health system for the people it serves.*

All current and upcoming programs and activities will be underscored with evidence-based planning, and sound community engagement processes that involve a wide range of people.

As we plan and implement our programs and activities, we will make additional efforts this year to engage patients, caregivers and their families to better understand their experience.

As mandated by the *Patients First Act, 2016*, all LHINs were required to create a Patient and Family Advisory Committee (PFAC). The Champlain LHIN's Patient and Family Advisory Committee reflects the diversity of our communities and patient and caregiver experiences with the health care system.

The LHIN engages with the PFAC to shape strategies and practical ideas to improve patient care, health care access and service delivery. The members also provide input on policies and standards as well as support effective patient engagement across the region.

People have told us that parts of our health system are fragmented. This fragmentation prevents people from accessing the health services they need, and negatively impacts the way people experience our health system. Equitable access to health services is also a concern in our region. Planning at a community-level, in collaboration with stakeholders in that community, will help ensure that services are tailored to that community's needs and informed by local expertise.

In recent years, we have focused on establishing Health Links within sub-geographic areas for individuals with complex health conditions.

## Working Together with Public Health

Public health units play an essential role in our local health system through their expertise in health promotion and illness prevention. The Champlain LHIN looks forward to further developing and formalizing its relationships with its public health partners. In 2018-19, we will focus on using a population health approach that aims to improve the health of the whole population and reduce health inequities.

Specifically, we will work collaboratively in the following areas of shared interest:

- *Population health planning within LHIN sub-regions supported through the collection and analysis of information concerning social determinants of health,*
- *Partnering in the development of targeted population health assessments, in particular mental health and addictions,*
- *Emergency preparedness and response,*
- *Developing and implementing a Champlain Opioid Intervention Strategy,*
- *Strengthening our efforts to address the health priorities of distinct populations, such as Indigenous, Francophone and immigrant communities,*
- *Preventing injuries related to falls supported by joint leadership of the Champlain Falls Prevention Network,*
- *Responding to seasonal challenges associated with influenza supported by the Champlain Seasonal Surge Working Group,*
- *Articulating formally the relationships between the LHIN and local Public Health Units, and*
- *Aligning, where appropriate, our planning and community engagement efforts to inform future strategic plans including the 2019-2022 Integrated Health Service Plan.*

We recognize that public health services can reduce the need for other health services and can limit the consequences of poor health by addressing the social determinants of health. By combining our efforts, we can ensure that public health expertise informs broader health system planning to the benefit of all people in the Champlain region.

In 2018-19, we will continue to support rapid up-scaling of Health Links to significantly increase the number of people receiving coordinated care for their highly-complex health conditions.

We will expand our sub-regional planning efforts to focus on strengthening, coordinating and integrating primary care, and home and community care for people who need those services.

Through sub-regional planning, we will collaborate with health system partners to address health gaps and improve patient experience and outcomes. Our work will be supported by rigorous population health planning. This planning will enable us to deliver coordinated care based on community needs and improve equitable access to services.



## LHIN Sub-Regions: Transforming Pathways to Care

Sub-regions were established in Champlain as the focal point for integrated health service planning and delivery.

We know that health care is more effective when services are tailored to the specific needs of a community. Sub-regions will help us focus on population health needs and address health equity issues. We envision formal linkages between the LHIN and public health units that will support a strong population health focus and better alignment between public health initiatives and those that are driven by the LHIN.

We also know that our system is complex and that to ensure people can connect to the care they need, they need to be able to access resources that are dedicated to helping people navigate the system. These resources may support intake, referral and system navigation functions. Similarly, we know that primary care providers, much like their patients, have difficulty navigating community services for their patients.

We believe that through a sub-region focus, we will be able to better coordinate access to services. A person with complex health conditions should be able to access a care coordinator that would assemble an inter-professional team to meet that individual's needs. We will address this by spreading the benefits of the Health Links approach within the sub-regions.

We expect that sub-regions will help us better leverage local community resources and knowledge. The local community best understands the health needs of their community and the services that are locally available. Through sub-regions we will engage patients and caregivers to ensure that the work of each sub-region is informed by the local community.

Sub-region plans will continue to be developed in consultation with stakeholders in the sub-region. These plans will address local priorities and may be informed by the many regional programs and networks that bring together expert advisors on a wide range of topics from across the region.

Last year, we consulted extensively with patients, caregivers, health care providers and partners. For each of our five sub-regions, we developed a common understanding of the health of the population and we identified ways to improve access to care. The community consultations, as well as a robust data analysis, helped us to identify the following key areas of focus for Champlain LHIN sub-regions in 2018-19:

- *In partnership with public health, applying a population health planning approach that addresses health inequities and is informed through analysis of the social determinants of health.*
- *Engaging patient and caregivers throughout the development and implementation of initiatives within sub-regions.*
- *Aligning Health Link areas with sub-regions while continuing to support the expansion of the health link approach to people with complex health conditions across the region.*
- *Improving integration among community services within sub-regions, including the Community Support Services and Mental Health and Addictions sectors.*
- *Improving access to comprehensive primary care.*
- *Connecting care coordinators and system navigators with primary care providers to support smooth transitions of care between home and community care and other health and social service providers.*

As sub-regions evolve, our vision for integrated care will need to be developed in consultation with health system stakeholders in the sub-regions, as well as sectors beyond health (e.g. education, housing, justice, settlement services).

*Note: Sub-regions in no way create barriers to care for patients. People have always received care in different places across Ontario and this will continue.*

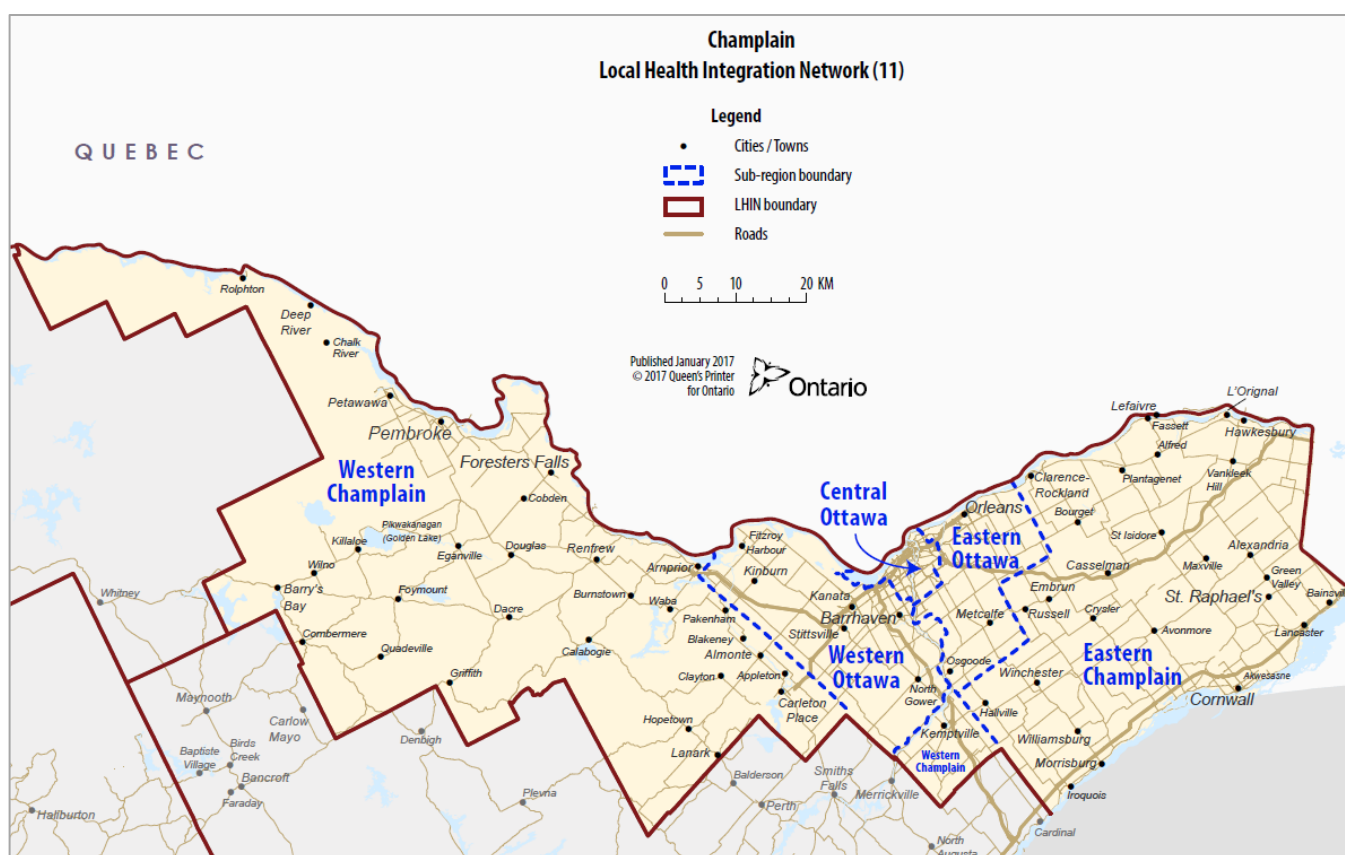
[Visit our public website for more information on Champlain LHIN Sub-regions.](#)

# Environmental Scan

## Our Region is Large and Diverse

Champlain is Ontario's easternmost LHIN, including the national capital, and covering a geography that is otherwise mostly rural.

It shares a border with the North East and South East LHINs, Quebec and the United States.



- Champlain includes 1.3 million people which is 10% of Ontario's population<sup>2</sup>.
- 65% live in the large urban centre of Ottawa, 15% live in medium or small population centres, and 20 % live in rural areas.
- 20% are Francophone. Champlain is the LHIN with the most Francophone residents.
- More than 3.5% are Indigenous, of which 22% live in First Nations communities. The region includes two First Nations: Mohawks of Akwesasne (near Cornwall) and Algonquins of Pikwàkanagàn First Nation (in Renfrew County) as well as Canada's largest urban Inuit population<sup>3</sup>.

<sup>2</sup> Data Sources: Statistics Canada, Census and National Household Survey, 2011. Ministry of Health and Long-Term Care (2015). *Environmental Scan: 2016-19 Integrated Health Service Plan*.

<sup>1</sup> 2011 Census using Inclusive Definition of Francophones from Office of Francophone Affairs

<sup>3</sup> Includes on-reserve Akwesasne 2012 population count from Indigenous and Northern Affairs Canada



- *18% are visible minorities, of which 24% are Black, 17% South Asian, and 17% Chinese.*
- *14% have mother tongue other than English or French, the most common being Arabic, Spanish, and Chinese (several languages combined).*

## Most People are Healthy...But not All

Sixty-one percent of Champlain residents self-report very good or excellent health, and 71% self-report very good or excellent mental health<sup>4</sup>. Between 2007 and 2011, the mortality rate (number of deaths per 100,000 population) declined substantially in Champlain (down 9.4%) compared to Ontario (down 1.3%)<sup>5</sup>.

However, there are differences across the sub-regions: Western Ottawa had the highest life expectancy at 85 years, compared to 82 in Eastern Champlain and Western Champlain<sup>6</sup>.

Furthermore, over a third of Champlain residents (aged 12+) live with a chronic condition and 15% live with multiple chronic conditions. These proportions vary by age<sup>7</sup>.

Chronic conditions account for 21% of all admissions to acute hospitals and 61% of the total number of deaths<sup>8</sup>. Within Champlain, the rates of hospitalizations for chronic conditions varies widely. Compared with the three Ottawa sub-regions, Western Champlain's rate was almost double and Eastern Champlain's more than double<sup>9</sup>.

<sup>4</sup> Canadian Community Health Survey (CCHS 2011-14 combined), respondents are aged 12+.

<sup>5</sup> Data Sources: Statistics Canada and the Ontario Registrar General. *Environmental Scan: 2016-19 Integrated Health Service Plan*.

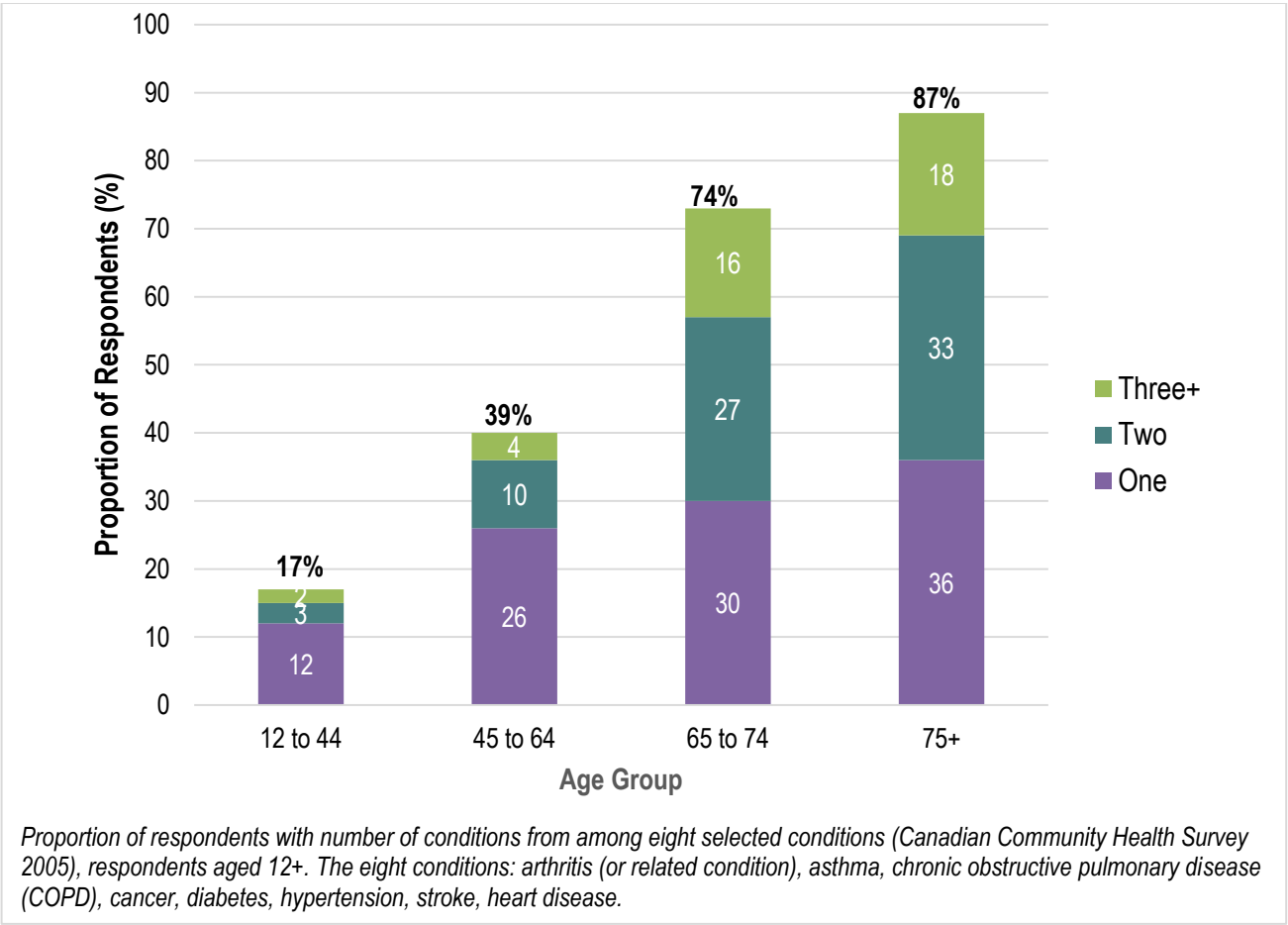
<sup>6</sup> Source: Sub-region population health profiles: [http://www.champlainlhin.on.ca/~media/sites/champlain/Goals\\_Achvmnts/IHSP/SubRegions/201710SRHPTechRptEN.pdf?la=en](http://www.champlainlhin.on.ca/~media/sites/champlain/Goals_Achvmnts/IHSP/SubRegions/201710SRHPTechRptEN.pdf?la=en)

<sup>7</sup> Champlain LHIN analysis based on Statistics Canada, Canadian Community Health Survey (2013).

<sup>8</sup> *Environmental Scan: 2016-19 Integrated Health Service*. Retrieved from <http://www.champlainlhin.on.ca/AboutUs/Geography%20and%20Pop%20Health%20Data/PopHealth.aspx>

<sup>9</sup> Age-adjusted rate of acute care hospitalizations in 2015-16 for arthritis, asthma, COPD, cancer, diabetes, stroke, congestive heart failure and ischemic heart disease.

# Number of Chronic Conditions by Age, Champlain (2013)



Other diseases of importance are dementias and mental health conditions, which account for significant health care and other costs: for example, those linked to lost productivity due to disability, premature mortality and caregiver burden.

Alzheimer’s disease and other dementias account for 9% of the total number of deaths, and are the second leading cause of death after heart disease (cancer of the lung is third)<sup>10</sup>. The impact of dementia is amplified through its impact on other chronic conditions, as well as on family caregivers.

<sup>10</sup> Data Sources: Statistics Canada and the Ontario Registrar General mortality data, using the leading cause of death groups developed by the World Health Organization and adapted by the Association of Public

Health Epidemiologists of Ontario. Champlain LHIN *Environmental Scan: Integrated Health Service Plan 2016-19*.

It is estimated that 30% of the Ontario population over the age of 15 will experience a mental health or substance abuse problem at some point:

- *5% of Ontario adults reported experiencing symptoms of major depression in 2012, and 2% reported suicidal ideation in the last 12 months*
- *19% of adults reported exceeding low-risk alcohol guidelines in the past year, and 20% of students report binge drinking.*

In Champlain, we identified approximately 26,000 people with multiple chronic conditions who use health services the most. Together, this population accounts for more than \$1 billion in health care utilization annually<sup>11</sup>.

By the end of 2018-19 we will have expanded our Health Links approach to 6,300 people from this population who use high-cost services on an ongoing basis.

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<sup>11</sup> Champlain LHIN analysis of patients with high needs based on hospital, Community Care Access Centre home care, physician billing and long-term care costs in 2011-12. Other costs (e.g. drugs, out-of-pocket, community

laboratory costs, ambulance and public health) are excluded.

# Health System Oversight and Management Priorities

## Introduction

With an emphasis on 2018-19, this section describes our priorities that support each of the three strategic directions outlined in the *IHSP 2016-19*, and the actions / interventions we will take to advance them.

## Strategic Directions and their Corresponding Priorities:

- 1) **Integration:** *Improve the patient and family experience across the continuum of care*
  - a) *Integrate community and home care services*
  - b) *Evolve primary care networks into sub-region networks of care*
  - c) *Integrate mental health and addiction services.*
- 2) **Access:** *Ensure health services are timely and equitable*
  - a) *Provide for culturally and linguistically appropriate care*
  - b) *Implement strategies to achieve performance targets*
  - c) *Expand use of enabling technologies to bring care closer to home.*
- 3) **Sustainability:** *Increase the value of our health system for the people it serves*
  - a) *Continue implementing funding reforms and innovative models of care*

- b) *Enhance palliative care in settings of choice*
- c) *Fast-track implementation of Health Links.*

## Alignment with the Truth and Reconciliation Commission of Canada Calls for Action

The priorities of the Indigenous Health Circle Forum<sup>12</sup> (Circle) align with and help to address several Calls to Action (#19, #20 and #23 (iii)) of the *Truth and Reconciliation Commission of Canada*.

Addressing the disparities in Indigenous health in comparison with non-Indigenous communities has been a long-standing priority of the Circle. Recent activities have included the identification of gaps in health for chronic illnesses, such as diabetes and mental health and addictions issues among Indigenous people.

The Circle has also advocated that health providers, including those involved in mental health and addiction services, be trained to provide culturally safe services to Indigenous people.

The Champlain LHIN has supported this priority through the provision of Indigenous cultural competency training for health care practitioners and have added obligations for LHIN-funded Providers to report on activities related to cultural sensitivity.

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<sup>12</sup> See the “Community Engagement Plan – Indigenous Peoples” section, below.

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## Strategic Direction 1

### *Integration: Improve the Patient and Family Experience Across the Continuum of Care*

We will focus our time, efforts and resources towards ensuring that people who need multiple services receive more coordinated home, community and primary care and that people experience a smooth transition from hospital to home.

We believe we can improve the patient and family experience across the continuum of care in Champlain through a focus on integration. While there is much work to be done, we are not starting from scratch. We will concentrate our efforts in the areas of home and community care, primary care, and mental health and addictions.

As part of our mandate to better coordinate services in our local health system, we will develop supportive tools to guide health system partners in advancing their efforts towards more integrated patient care.

#### **Partnering for Success with Primary Care**

Effective primary care is a fundamental component of an integrated, high-performing health system. The improvements in health care we intend to achieve require direct and meaningful involvement of primary care providers...

A few current examples of initiatives to partner with primary care include:

- *Development of a regional care map for mental health and addictions services*
- *Recruitment of clinical leads in each of five sub-regions to engage local clinicians*
- *Engaging the Primary Care Council in system-level planning*
- *Testing a facilitated-outreach approach that connects small primary care practices and their patients to care teams.*
- *Development of a plan with input from primary care providers, patients, family caregivers and partners that links care coordinators and system navigators in primary care.*
- *Improving access to inter-professional health care providers to ensure comprehensive care*

As the *Patients First Act, 2016* is fully implemented, we will work closely with the Ministry and primary care providers in Champlain to ensure people in each sub-region are able to access a continuum of home and community care services through primary care when they need it.

## Priority A: Integrate community and home care services

We will do this by:

- *Ensuring patients are easily connected to the right agency to receive high-quality care in their homes and communities.*
- *Enabling various Providers to effectively operate within a cohesive home and community care sector.*
- *Successfully assuming an expanded LHIN mandate to govern and provide home care services.*

*This will include supporting the 10 steps described in the Ministry's Patients First: A Roadmap to Strengthen Home and Community Care, such as developing a levels-of-care framework and enhancing support for personal support workers.*

### Current Status & Highlights of Accomplishments

Community and home care services are presently provided by many different organizations in the region offering varied services. Clients and caregivers have told us that they have a hard time finding the right organization to meet their needs and that they must repeat their story many times to different care providers.

One of our goals this year will be to reduce the number of times people must repeat their information. We will enable providers to use the same assessment tools and share information as needed. Patients will have a coordinated care plan and their family or primary care provider will be able to easily connect with home and community care agencies.

In addition, we will aim to improve access and continuity of care to home care services. Some examples of progress we have recently made include:

- *Improving information and referral systems for clients who need home care*
- *Increasing the amount of care for low-needs clients in our LHIN*
- *Making it easier to find services in the areas where people live*
- *Stabilizing our personal support workforce through wage enhancements, and*
- *Enhancing care options to maintain people in their homes longer.*

In 2016-17, we began work on profiling and aligning services within sub-regions of our LHIN. These smaller regions will allow us to plan and deliver services closer to home and in a more integrated manner for patients.

In 2017-18, the former Community Care Access Centre, which provided home care services in the region, was integrated into the Champlain LHIN. Now that we have taken on the responsibility for the provision of home and community care services, we have an added responsibility to continually strive to improve those services.

We have included several interventions in this plan that are intended to modernize the home and community care delivery model as well as enable increasingly complex patients to be supported in their own homes. These interventions can be found in a separate section entitled *LHIN-Delivered Home and Community Priorities*.

As the organization responsible for the provision of home and community care services, we will also ensure that services are available in French and in accordance with the *French Language Services Act, 1990*.

## Priority B: Evolve primary care networks into sub-region networks of care

We will do this by:

- *Beginning the development of integrated networks of care in all LHIN sub-regions that better connect patients with primary care providers as well as home and community care. These efforts will be guided by a common understanding of the unique population health needs within each sub-region.*
- *We will also make sure that LHIN sub-regions evolve in alignment with emerging provincial directions stemming from the introduction of the Patients First Act, 2016.*

### Current Status & Highlights of Accomplishments

In 2016-17, all LHINs identified sub-regions as required by the *Patients First Act*. Five sub-regions have been identified in the Champlain region to help us better understand and address patient needs at the local level. These were proposed after extensive consultation with local communities.

By looking at care patterns through a smaller lens, we will be able to better identify and respond to community needs and we will be able to ensure that patients across the entire LHIN region will be able to access the care they need, when and where they need it.

A key priority of all LHINs is to improve access to a continuum of health care services. In 2018-19 we will focus on improving access to integrated primary, home and community care.

Recognizing that over 1,500 family physicians serve people in our region, we will ensure that our plans enable primary care providers to better connect their patients with other health system partners to access the care they need for their patients.

## Priority C: Integrate mental health and addiction services

We will do this by:

- *Coordinating access to services*
- *Building partnerships with primary care networks to provide more holistic services and supports*
- *Smoothing transitions between services and across sectors for transitional aged youth, and*
- *Building a stronger mental health and addictions continuum of care based upon quality standards to better serve communities.*

### Current Status & Highlights of Accomplishments

In any given year, approximately 15.7% of Champlain residents experience a mental health or addiction problem<sup>13</sup>. Our region has made significant improvements to mental health and addictions services in recent years, but there is still much more to do.

Recent efforts include the expansion of intensive case management, walk-in counselling, withdrawal management, and coordinated access for addictions services. Targeted strategies have also been implemented to address the opioid crisis and to better support youth and families, concurrent disorder populations, Indigenous and homeless populations.

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<sup>13</sup> Mental Health & Addictions Needs & Capacity Assessment for the Champlain Local Health Integration

Region. Prepared by the RWS Advisory for The Royal Mental Health – Care & Research, March 2012.



Between 2014-15 and 2016-17, funding for Community Mental Health and Addictions agencies in the Champlain LHIN grew by 7.8%<sup>14</sup>.

Mental health challenges and addictions are complex, and cut across many different sectors such as health, education, housing, social services, and justice. The system is further complicated by the numerous jurisdictions involved.

This complexity leads to confusion and frustration for clients, less-than-optimal coordination of resources, and challenges for system planning and evaluation. We are fortunate to have many dedicated Providers and partners that play important roles, from informing policy to providing service - the challenge is to coordinate these efforts.

We will concentrate our efforts in 2018-19 on the integration of mental health and addiction services across the region through the development of the regional program of inpatient mental health and addictions services, building stronger addictions and mental health service delivery partnerships, collaboration with related sectors and, aligning this work with other sub-regional planning efforts.

The LHIN is committed to working with local clinicians at the community level to support the expansion of structured psychotherapy for moderate depression and anxiety; supports for individuals in conflict with the law, and; housing supports.

This year, we will also support the continued expansion of the provincial opioid strategy and will also work closely with the Overdose Prevention and Response Taskforce in Ottawa, as well as Public Health Units across the region, in an effort to coordinate resources to address opioid abuse.

## Consistency with Government Priorities

The goals for all three priorities align with the provincial *Patients First: Action Plan for Health Care*, which highlighted the following four objectives:

- *Improve access: Provide faster access to the right care*
- *Connect services: Deliver better coordinated and integrated care in the community, closer to home*
- *Support people and patients: Provide the education, information and transparency they need to make the right decisions about their health*
- *Protect the public health care system: Make decisions based on value and quality, to sustain the system for generations to come.*

We have also ensured that our plans to address this strategic direction aligns with provincial government priorities described in the following plans:

- *Patients First: A Roadmap to Strengthen Home and Community Care*
- *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy.*

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<sup>14</sup> Public Accounts of Ontario, Ministry Statements and Schedules, Volume 1, 2014-15 & 2016-17.



Strategic Direction 1		
Integration: Improve the Patient and Family Experience Across the Continuum of Care		
Action Plans / Interventions	Expected Status (as of March 31, 2019)	Expected Completion Date
<b>Priority A: Integrate Community and Home Care Services</b>		
Enhance allied care supports for the management of vascular health conditions (e.g. diabetes, stroke, congestive heart failure) focused on rural communities across Champlain	Completed	March 31, 2019
Support regional development of access pathways for Medical Assistance in Dying in alignment with provincial policy direction	Completed	March 31, 2019
Reduce gaps in the continuum of community-based services for persons with Acquired Brain Injury through integration and service enhancement	In Progress	March 1, 2020
Continue to support the implementation of dementia resources in selected geographies and enhance access to respite care needs for caregivers of people with dementia	Completed	March 31, 2019
Enhance access to alternatives to Long Term Care Homes through the implementation of Enhanced Assisted Living Services for High Risk Seniors and increase capacity of Assisted Living Services for High Risk Seniors	Completed	March 31, 2019
Improve integration among community support services within LHIN sub-regions	In Progress	March 31, 2021
Improve equitable access to homemaking services in LHIN sub-regions	Completed	March 31, 2019
Enhance attendant outreach services to reduce client wait times	Completed	March 31, 2019
Improve equitable access to non-urgent transportation for people with low-income	Completed	March 31, 2019
Refresh the long-term care capacity analysis to inform planning in support the Ministry's multi-year Aging with Confidence strategy	Completed	March 31, 2019
<b>Priority B: Evolve Primary Care Networks into Sub-Region Networks of Care</b>		
Improve access to inter-professional care teams in primary care	In Progress	March 31, 2020
Ensure the appropriate mechanisms are in place to support effective communication and engagement of primary care practitioners by the leadership table	Completed	March 31, 2019
Develop a chronic disease management hub targeting the Francophone population in Eastern Counties	Completed	March 31, 2019
<b>Priority C: Integrate Mental Health and Addiction Services</b>		
Establish primary care and mental health partnerships, to promote integrated care and management within LHIN sub-regions	In Progress	March 31, 2020

**Strategic Direction 1****Integration: Improve the Patient and Family Experience Across the Continuum of Care**

<b>Action Plans / Interventions</b>	<b>Expected Status (as of March 31, 2019)</b>	<b>Expected Completion Date</b>
Improve integration of mental health and addictions services to improve access at the sub-region level	In Progress	March 31, 2020
Implement centralized and coordinated access to services for clients with mental health and addictions problems aligned with LHIN sub-regions where applicable	In Progress	September 30, 2020
Enhance access to services that improve the well-being of youth transitioning from child to adult services	In Progress	June 30, 2020
Coordinate and evaluate new resources deployed to address opioid abuse	In Progress	March 31, 2020

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## Strategic Direction 2

### **Access: Ensure Health Services are Timely and Equitable**

We will focus our time, efforts and resources towards ensuring that people can access quality care no matter who they are or where they live and have more timely access to priority health services.

Equitable access to service is a concern for many in the region. We will concentrate our efforts in the areas of culturally and linguistically appropriate care, achieving health system performance targets and by using enabling technology and other means to bring care closer to home.

#### **Priority A: Provide for culturally and linguistically appropriate care**

We will do this by:

- *Working closely with health system partners to develop integrated health services that support the care needs of diverse communities within our region. Partners include:*
  - Indigenous Health Circle Forum
  - French Language Health Services Network of Eastern Ontario (*Le Réseau*)
  - Ottawa Local Immigration Partnership
  - Public health units, and
  - Sub-region networks of care.
- *Assuring the provision of French Language Services through service accountability agreements with Providers and monitoring their performance through regular reports.*

### **Current Status, Highlights of Accomplishments and Looking Ahead**

For some populations, such as Indigenous peoples, people living in some rural communities, Francophones, and immigrants, accessing health services can be more challenging. Culture and language should not prevent people from seeking the care they need, or the type of care that is appropriate to their cultures. It is critical that we remove these barriers to care.

In recent years, we have made progress through initiatives to build and improve:

- *Ability of Providers to deliver culturally safe services for Indigenous Peoples*
- *Access to primary care and health-system navigation for refugees*
- *Active offer of French language health services,*
- *Identification of health service issues affecting LGBTQ+ communities, and*
- *Collection of linguistically linked health status data for health system planning purposes.*

Despite these improvements, inequity exists within our system. We will work with our planning partners to reduce gaps in service and improve access to health services that meet the unique health care needs of the diverse communities we serve.

Some areas of focus include:

- *Improving services for Indigenous Peoples living with chronic disease, particularly diabetes*
- *Addressing gaps in access to French-language services in the areas of respite care, palliative care and treatment for victims of sexual assault*

- *Collaborating with providers and partners to increase the capacity of community-based interpretation services for patients and clients who do not speak English or French*
- *Tracking the progress of the newly expanded non-urgent transportation program for immigrant seniors*
- *Expanding mental-health services for refugees who have experienced trauma*
- *Developing strategies to address health service gaps related to sexual orientation and/or gender.*

## Priority B: Implement strategies to achieve performance targets

We will do this by working with our partners to:

- *Reduce wait times for home care services*
- *Ensure access to diagnostic tests and procedures within specific timeframes*
- *Reduce unnecessary repeat emergency department visits and hospital admissions for specific conditions, and*
- *Ensure people receive care in appropriate care settings.*

## Current Status & Highlights of Accomplishments

Five years ago, the Champlain health system was struggling to meet the performance targets negotiated with the Ministry. By the end of 2014-15, our LHIN was meeting more of its performance targets than any other LHIN.

A concerted partnership with hospital and community partners achieved significant performance improvements.

In 2015-16, the Ministry set higher standards across the province, affirming the expectation that Ontarians should have timely access to high-quality services wherever they live.

With new standards in place, Champlain was ranked 11<sup>th</sup> overall among the 14 LHINs at the beginning of 2015-16. A set of targeted strategies and investments brought the region up to fourth place by the third quarter of 2016-17.

In 2018-19, while other regions provincially have seen improvements, we expect Champlain to retain performance achievements, while focusing on areas where performance improvement is needed.

## Priority C: Expand the use of enabling technologies to bring care closer to home

We will do this by:

- *Continuing to advance telemedicine and tele-homecare enabling care closer to and in the home*
- *Facilitating and supporting the implementation of the provincial digital health strategy*
- *Focusing on establishing better access to client information and facilitating smoother transitions of care among community agencies.*
- *Delivering innovative in-home technology solutions*

## Current Status & Highlights of Accomplishments

One of the key challenges of the health care system is to empower individuals, who work in physically separate locations, to coordinate their efforts for the benefit of the client or patient and to do so in an effective and efficient manner. Ultimately, technology is critical to enabling this.

Patients are negatively impacted when they must repeat their stories as they move from one provider to another, or when they are confused by the array of services and are unsure how to access them. In recent years, we have implemented a number of initiatives which allow Providers to work better together.

In 2017-18 we deployed a consolidated solution, processes and technology platform, for care coordination in all 10 Health Links for access to the Coordinated Care Plan (CCP) using the provincial CHRIS and Health Partner Gateway platforms. In a unique implementation, the CCP is also being delivered to a patient-facing electronic platform on trial in two of the ten Health Links.

We have continued the support of the provincial Hospital Information System (HIS) renewal strategy and its focus on consolidated hubs. Following the earlier migration of six of the Champlain hospitals to a shared-hospital information system:

- *The Ottawa Hospital began the implementation on a second hub with smaller regional hospitals*
- *CHEO has partnered with Toronto's Sick Kids Hospital on a pediatric hub, and*
- *The Royal Ottawa Health Care Group was approved for the integration onto a mental health hub HIS with two other provincial leading mental health organizations.*

We significantly expanded the flow of hospital patient admission/discharge/transfer (ADT) from hospitals to the home and community care services and primary care sectors. Last year (2017-18) the number of participating hospitals increased from 6 to 11 hospitals, including 4 of the 5 biggest hospitals in the region. As well, several community support services agencies participated in the reporting role delivered by the LHIN Shared Services Operations team.

In addition, we have implemented an eConsult service, unique in Canada, which allows physicians and specialists to reduce the assessment and treatment cycle of patients from months to often less than three days. In 2017-18, we worked closely with provincial partners to enable the replication and extension of this successful service across Ontario, and we supported collaborations to share the knowledge nationally.

Lastly, the LHIN's IMPACTT (Innovation eMpowering Patients and Caregivers Through Technology) Centre for home and community care innovation took three projects from the lab to in-community in-home evaluation trials in 2017-18:

- 1) *SAFE STEP is evaluating the use of falls screening technology to evaluate the design, costs, and benefits of a broad population screening strategy. Under the authorship of our partner the Work Health Innovation Network at the University of Windsor, the evaluation and report will be completed in 2018-19.*
- 2) *A stroke patient tele-rehabilitation project successfully used in-home technology supporting physical rehabilitation for a small number of patients in 2017-18.*

*Given the positive feedback to date, the project will be expanded to a full evaluation of the tele-rehab technology and the addition of technology-supported speech language physiotherapy in 2018-19.*

- 3) *The Smart Home-Dementia on Wandering Detection and Diversion project with our partners the Bruyère Research Institute and Carleton University was deployed into a number of patient homes in 2017-18 and the deployment will be expanded, and the efficacy research completed in 2018-19.*

We will continue to support and build on these initiatives in 2018-19. These are aligned with the provincial *Patients First Digital Health Strategy: 10-Point Action Plan* with added emphasis on further enabling the community providers and patients to have more timely access to richer information that will improve the coordination of care and overall experience with the healthcare system.

## Consistency with Government Priorities

The goals for all three priorities align with the four objectives previously described in *Patients First: Action Plan for Health Care*.

We have also ensured that our plans to address this strategic direction aligns with provincial government priorities described in the following:

- *Ministry-LHIN Accountability Agreement for the Champlain LHIN*
- *Patients First: Digital Health Strategy*
- *Legislated requirements for focusing on Francophone and Indigenous communities.*

Strategic Direction 2		
Access: Ensure health services are timely and equitable		
Action Plans / Interventions	Expected Status (as of March 31, 2019)	Expected Completion Date
<b>Priority A: Provide for Culturally and Linguistically Appropriate Care</b>		
Complete projects to improve access to French language services in the areas of respite care, palliative care, and acute care for victims of sexual assault	Completed	March 31, 2019
Engage the Francophone community to better understand challenges in accessing French language health services; address one major gap in service as identified through this engagement process	In Progress	March 31, 2020
Collect data on the capacity of French language health human resources in the region	Completed	March 31, 2019
Complete the Francophone Linguistic Variable project	Completed	March 31, 2019
Ensure the Champlain LHIN provides the active offer of French language services to Francophones and identify areas of the health system that require more services in French	In Progress	March 31, 2020
Support a range of Indigenous Cultural Safety training initiatives for Providers and assess results	In Progress	March 31, 2020
Implement culturally appropriate health promotion activities related to physical activity and diet to prevent and manage chronic disease/diabetes among Indigenous youth/adults	Completed	March 31, 2019
Create programs to increase navigation and outreach services for Indigenous youth across the region with complex mental health issues in hospital and community settings	Completed	March 31, 2019
Expand existing addiction services to address opioid addictions for Indigenous communities	Completed	March 31, 2019
Finalize an equity framework for Indigenous Peoples	In Progress	March 31, 2020
Conduct a needs assessment and gap analysis related to Indigenous seniors health care	Completed	March 31, 2019
Expand mental-health services for refugees who have experienced trauma	In Progress	December 31, 2019
Develop implementation plans to improve system navigation, cultural competency, and pathways to care for trans, two-spirit, intersex and gender diverse communities	In Progress	March 31, 2020
<b>Priority B: Implement Strategies to Achieve Performance Targets</b>		
Implement a comprehensive centralized intake and triage system for Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scans	In Progress	March 31, 2020



## Strategic Direction 2

### Access: Ensure health services are timely and equitable

Action Plans / Interventions	Expected Status (as of March 31, 2019)	Expected Completion Date
Support hospital improvement processes to reduce time spent in the emergency room	Completed	March 31, 2019
Review and adopt leading practices for discharge planning in order to improve more timely access to more appropriate levels of care for patients who require them	Completed	March 31, 2019
<b>Priority C: Integrate Expand Use of Enabling Technologies to bring Care Closer to Home</b>		
Continue to grow the use of telemedicine and explore opportunities for virtual care to support transitional aged youth with diabetes	In Progress	March 1, 2020
Complete the five telehomecare pilots and evaluations currently underway and evaluate results of each and prepare recommendation(s) for applicability and potential broad deployment in Champlain	In Progress	March 31, 2019
Continue to increase utilization of eConsult services (target 20%) to further improve access/care and minimize unnecessary referrals, and support the provincial rollout of the Champlain BASE eConsult service	Completed	March 31, 2019
Complete the contribution of all Champlain hospitals to the provincial clinical document repository and launch the provincial clinical viewer for clinicians in Champlain to improve access to current health records	In Progress	March 31, 2021
IMPACTT Centre – Investigate and evaluate technology-enabled innovation for home and community care including seniors population falls screening, smart home support for dementia patients and post-stroke tele-rehabilitation	In Progress	March 31, 2021
Implement improved technology supports such as an integrated community care electronic health record, improved electronic referrals, and electronic hospital notifications for Community Support Services agencies	In Progress	March 1, 2020



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## Strategic Direction 3

### ***Sustainability: Increase the Value of our Health System for the People it Serves***

We will focus our time, efforts and resources towards ensuring that we increase the value of our health system for the people it serves. Our goals are to ensure that people in our region can get the services they need in the most appropriate setting and that the care they receive is from a health system that is both efficient and effective. Stemming from the Triple Aim approach, we will focus our efforts on improving health outcomes, patient experience and the cost-effectiveness of our local health system.

We believe that we can further increase the value of our health system for the people it serves. By focusing on sustainability, we will ensure the health system is there for people when they need it. We will concentrate our efforts in the areas of funding reform, health system re-structuring, palliative care and implementation of Health Links.

#### **Priority A: Continue implementation of funding reform and innovative models of care**

We will do this by:

- *Supporting the provincial Health System Funding Reform initiative*
- *Combining funding for certain populations and episodes of care across providers, and*
- *Implementing the regional sub-acute capacity plan<sup>15</sup> to achieve optimal utilization for inpatient/outpatient care.*

## Current Status & Highlights of Accomplishments

Today, there is variation across providers in the quality and cost of the services that are delivered. Funding is often allocated to individual providers to deliver a part of what a person needs.

Our historical rate of growth in funding is not sustainable, and we must act differently. Providers have taken steps to reduce costs and make their services more efficient. They have, for the most part, looked within their own organizations to implement these changes. In the coming months and years, we must further unlock the value of our health system to respond to the changing health needs of our population.

Since 2012, Ontario has been moving away from a global funding system toward a funding model based on patient needs. Through Health System Funding Reform, hospitals, long-term care homes, and the Champlain LHIN (home care) will increasingly be compensated by how many and the types of patients they look after, the services they deliver, the quality of those services, and the specific needs of the broader populations they serve. In the coming year, additional Quality Based Procedures will be introduced in the funding formula and three Champlain LHIN hospitals will transition to the funding model applicable to small hospitals.

We will also seek opportunities to bundle payments for certain types of care and develop reinvestment strategies to direct resources to critical priorities. Through these initiatives and others, we will ensure that funding is tied more directly to quality of care and we will make smarter use of our resources.

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<sup>15</sup> Sub-Acute Care Capacity Plan, Hay Group, (May 2016).

## Priority B: Enhance palliative care in settings of choice

We will do this by:

- *Working with the Ontario Palliative Care Network, Champlain Hospice Palliative Care Program, the Champlain Regional Cancer Program, and other health system partners, to address inequities in the availability of services and programs for people at end-of-life.*

*As we plan at a sub-regional level, we will ensure that people are able to access the supports they need to at the end-of-life in the setting of their choice and that their referrals to palliative care services are timely.*

- *Working to ensure that patients express their preferences and goals for care through advanced care planning, and that patients' expressed preferences are effectively communicated.*

### Current Status & Highlights of Accomplishments

Since 2011, the Champlain LHIN has been a partner in Ontario's *Advancing High Quality, High Value Palliative Care in Ontario: A Declaration of Partnership and Commitment to Action*. Among the important principles of the *Declaration of Partnership* guiding our system improvements are improving access to hospice palliative care in the community and providing support for primary care providers.

Through the establishment and support of the Champlain Hospice Palliative Care Program, we increased community and residential hospice services, connected palliative care teams via tele-health, centralized intake for services in the Ottawa area and developed and piloted innovative hospice models in rural areas. However, there remains work to do.

There are still people at end-of-life in our region who, because of limited choices, are unable to receive care in their preferred setting and who could benefit from earlier referrals to palliative care supports. This results in a higher cost of care in a setting that does not reflect the individual's preference.

## Priority C: Fast-Track implementation of Health Links

We will do this by:

- *Ensuring that a rapidly increasing number of individuals with high-needs have coordinated, personalized care plans designed with and supported by teams of providers from primary care, home and community care organizations, specialities, hospitals and other community partners.*

### Current Status & Highlights of Accomplishments

In Ontario, five percent of patients account for roughly two-thirds of our total health care costs. These individuals often have multiple, complex conditions and frequent interactions with multiple providers.

Through Health Links, we are organizing care around these individuals' needs by bringing together a team of Providers around a common care plan for those with very complex health conditions.

There are currently 10 Health Link areas in the Champlain region. The LHIN worked with the Health Links on a scaling and sustainability strategy in 2017-18 to support an increasing number of individuals receiving improved coordination of care.

In 2018-19, the LHIN will align health link areas with sub-regions and will continue to support the expansion of the health link approach to reach 10,000 people across the region.

## Consistency with Government Priorities

The goals for all three priorities align with the four objectives previously described in *Patients First: Action Plan for Health Care*.

We have also ensured that our plans to address this strategic direction align with provincial government priorities described in the following plans:

- *Health System Funding Reform*
- *Advancing High Quality, High Value Palliative Care in Ontario: Declaration of Partnership and Commitment to Action*
- *Health Links*.

Strategic Direction 3		
Sustainability: Increase the Value of our Health System for the People it Serves		
Action Plans / Interventions	Expected Status (as of March 31, 2019)	Expected Completion Date
<b>Priority A: Continue Implementing Funding Reform and Innovative Models of Care</b>		
Implement key recommendations of the Champlain Vision Care Plan by supporting ongoing network coordination and working with CHEO and the Ministry to address wait time for paediatric strabismus surgery	In Progress	March 31, 2020
Implement the regional sub-acute capacity plan to optimize utilization by repurposing sub-acute care resources to create access to Specialized, Stroke and Geriatric Rehabilitation and enhancing community-based rehab care	In Progress	March 31, 2020
Coordinate access to services for musculoskeletal conditions	In Progress	September 30, 2020
Advance the implementation of innovative service delivery and funding models for musculoskeletal conditions requiring surgery	Completed	March 31, 2019
Review administrative costs and targets for Community Support Services	Completed	March 31, 2019
Participate in and contribute to the Pan-LHIN Enterprise Review	Completed	March 31, 2019
Grow and support the Regional Ethics Program to make it available to all Champlain health service providers	Completed	March 31, 2019
<b>Priority B: Enhance Palliative Care in Settings of Choice</b>		
Enhance access through new residential hospice capacity and the implementation of innovative palliative and end of life care service delivery models including tele-palliative care and integrated hospice at home	In Progress	March 31, 2020
Support provider competency through education	In Progress	March 31, 2020
<b>Priority C: Fast-Track Implementation of Health Links</b>		
Support the rapid scaling of the health link approach in 5 sub-regions	Completed	March 31, 2019

# LHIN-Delivered Home and Community Priorities

## Introduction

As directed in the *Patients First Act, 2016* the Champlain LHIN is now a direct provider of home and community care services across the region. Accountable for the service delivery of over 13 service provider organizations, LHIN employed health professionals and support staff and with a mandate to integrate home care services with other health system sectors and improve outcomes, there is significant change underway that will continue for several years.

Home care has changed remarkably in the past five years. Patients with lower needs are being served by community-based service organizations, and the remaining patients are highly medically and often socially complex or have chronic diseases that are severely impeding their ability to care for themselves independently.

This has increased the need and intensity for in home nursing, therapy, and personal support across the Champlain population. It has also changed the needs and expectations for care coordination across the continuum of care.

Most patients now require - or would benefit from - a comprehensive and integrated care coordination service. This would include helping patients navigate the health system and coordinating the actions and contributions of the many care team members involved in their care.

Many patients would also benefit from increased and targeted rehabilitative therapy in the home and community to optimize health outcomes and decrease physical and cognitive decline. New directions and innovations in the realm of integration, best practice related to clinical care and outcomes, and patient-centred care planning and service delivery will help to

propel the LHIN's Home and Community Care service towards a more modernized and effective service.

The focus for 2018-19 is on:

- *Integrating home care with primary health care*
- *Implementing provincially mandated initiatives*
- *Enhancing the quality of home care services (especially at transition points); and*
- *Further consolidating a health links approach to care coordination across our complex needs home care population.*

## Priority A: Integration of Care Coordination with Primary Health Care

As identified in the 2018-19 mandate letter from the Ministry, the Champlain LHIN will work towards integrating the care coordination function, as well as care coordinators within primary health care. We will do this by:

- *Continuing to align care coordination teams with sub-regions to ensure consistency in relationships and a focus on local level resources to better support patient needs. This will begin with a focus on our internal Health Links care coordinators*
- *Enhancing relationships with primary care providers across the region by seeking to understand their expectations and current knowledge related to home and community care supports for their patients, especially those with complex medical / social / mental health needs*

## Current Status and Accomplishments

The Champlain LHIN has had successful experience in the past with the embedding of care coordinators within primary healthcare teams. We also currently have a number of care coordinators who work very closely in an integrated manner with family health teams in various settings. We are currently exploring the effectiveness of those relationships and what lessons we can learn in order to expand and enhance such models across the five sub-regions.

The process of aligning care coordination teams with the sub-regions is underway. This is occurring concurrently with the alignment of new patient referrals within the new geographies.

We currently have 20 LHIN employed care coordinators who work specifically with home care clients whom meet the Health Links provincial criteria. They regularly interface with other regional Health Links care coordinators and primary health teams, as well as patients, to develop a patient centred coordinated care plan. They are working to ensure that other home-care care coordinators are involved in the development of these plans, thus helping to build relationships between home care and our primary health care partners in the community.

## Priority B: Enhancing the quality of home care services

The overall quality of home care services will be improved largely through implementing provincial initiatives related to self-directed care and Ministry Personal Support Service (PSS) agency, wound care, patient assessment changes (RAI), levels of care, Special Needs Strategy, support for integrated funding models, and stabilizing the personal support worker (PSW) workforce to meet the needs for home care services in the Champlain LHIN.

There will also be focus on improving the patient experience related specifically to transitions from hospital to home. We will do this by:

- *Identifying and implementing requirements to successfully introduce the provincial Self-Directed Care program to eligible patients within the Champlain LHIN and include options for Ministry PSS agency services to eligible clients when they are available across the province*
- *Identifying resource and education requirements, planning for wide scale implementation of three new wound care standards developed by Health Quality Ontario (HQP) for diabetic foot ulcers, venous ulcers and pressure ulcers. This includes socializing these new standards with internal LHIN care coordinators and therapy staff as well as ensuring the implementation by all Service Provider Organizations in the Champlain LHIN who deliver home care or clinic-based nursing services from Q4 2017-18 to Q2 2018-19*
- *Planning and implementing strategy to migrate all care coordination, Therapy and support staff to change from current assessment tool in home care to the new RAI tool. This includes the revision of all policies, guidelines, CHRIS processes, etc. by Q4 2018-19*
- *Planning and implementing strategy to adopt and integrate the new Levels of Care protocols / program within the Champlain LHIN by Q4 2018-19*
- *Continuing to partner with stakeholders, planning for internal staff changes and work strategies and implementing the directions of the Ministry related to the Special Needs Strategy within the Champlain LHIN.*



- *Participating where possible in planning for the implementation of integrated funding models for hip and knee surgery.*
- *Working with Service Provider Organizations, academic settings, other relevant stakeholders and the Ministry to address recruitment and retention issues of the Personal Support Worker role in Champlain, including but not limited to innovative ideas and best practices from other jurisdictions.*
- *Working closely with Service Provider Organizations and other relevant partners to set standards and expectations for accountability related to transitions in care (from hospital to home).*

LHIN Delivered Home and Community Care Priorities		
Action Plans / Interventions	Expected Status (as of March 31, 2019)	Expected Completion Date
<b>Priority A: Integration of Care Coordination with Primary Health Care</b>		
Evolve the function of care coordination in LHIN delivered Home and Community services to better reflect the needs of a more highly medically, socially and culturally complex population	In Progress	March 31, 2021
<b>Priority B: Enhancing the Quality of Home Care Services</b>		
Engage contracted service providers in setting service standards and expectations to enhance the knowledge and technical expertise of front line health workers	In Progress	March 31, 2021
Work with contracted service providers to begin the alignment of home care services with sub-regions while at the same time mapping out all possible opportunities to cluster personal support worker (PSW) care	In Progress	March 31, 2020
In partnership with contracted service providers implement new ways of scheduling PSW services to better optimize the PSW workforce in Champlain	In Progress	March 31, 2019
Improve the measurement and quality of the client / caregiver experience	In Progress	March 31, 2021
Enhance performance oversight of home and community care providers through an improved clinical and contractual audit program	Completed	March 31, 2019



# Indigenous Peoples

The Champlain Indigenous Health Circle Forum (Circle) works closely with the LHIN to improve health outcomes for Indigenous peoples across the region. The work of the Circle helps inform the LHIN on Indigenous health issues and needs and contributes to program planning and implementation. Circle activities include regular meetings focused on planning and engagement, and participation in training and other events.

The Circle engages with Indigenous communities to:

- *Improve the health status of Indigenous people*
- *Provide input into health service planning and priority setting, which includes engagement with Indigenous communities and organizations to inform the annual business plan and the Integrated Health Service Plan*
- *Identify and address health disparities specific Indigenous people in both rural and urban areas*
- *Work towards health system improvements*

The Circle is comprised of regional and urban members.

## Regional

- *Algonquins of Pikwàkanagàn First Nation*
- *Métis Nation of Ontario*
- *Mohawk Council of Akwesasne, Health Department*
- *Renfrew and District Aboriginal Friendship Centre*

## Urban (Ottawa)

- *Akausivik Inuit Family Health Team*
- *Minwaashin Lodge – Indigenous Women’s Support Centre*
- *Odawa Native Friendship Centre*
- *Ottawa Inuit Children’s Centre*
- *Tungasuvvingat Inuit*
- *Wabano Centre for Aboriginal Health*

The Indigenous population in the Champlain region is approximately 43,000 and is very diverse. Some interesting points about the Indigenous population across the Champlain region:

- *Ottawa has the second largest Indigenous population of all Ontario cities*
- *There are two First Nations in this region—Mohawk Council of Akwesasne and Algonquins of Pikwàkanagàn First Nation*
- *The First Nation population in Ottawa is comprised of many tribes from across Canada but predominantly consists of Cree, Ojibwe and Mohawk*
- *There is a significant Métis population dispersed across the region, and*
- *Ottawa has the largest population of Inuit in Canada outside of the north.*

Currently, the Circle is focused on addressing the following priorities:

- *Chronic Disease / Diabetes*
- *Mental Health and Addictions*
- *Indigenous Cultural Safety*
- *Community Wellness*

In 2018-19, the Circle will focus on the following initiatives under the above priorities:

- *Expand existing diabetes and chronic disease services to include a health promotion and prevention focus*
- *Expand existing mental health and addiction services to better connect Indigenous youth experiencing mental health issues to culturally based services and activities*
- *Expand existing addiction services to address opioid addictions*
- *Increase opportunities for health service provider staff to participate in Indigenous cultural safety training on an ongoing basis to further their learning journey to develop their abilities to provide culturally safe services, and*
- *Continue drafting a health equity framework developed as a result of an Indigenous health equity think tank in 2017-18.*

# French Language Services

The Champlain LHIN is legislated to support the health needs and priorities of the Francophone community under the *French Language Services Act* and *Local Health System Integration Act*. To improve access to services for Francophones, the LHIN collaborates with the French Language Health Services Network of Eastern Ontario (*Le Réseau*), which is the French Language Health Planning Entity for this region. The *Inclusive Definition of Francophone (IDF)* is considered in planning activities.

As partner to a joint action plan, the Champlain LHIN and *Le Réseau* work together to ensure people receive the culturally and linguistically appropriate care they deserve. This work contributes to the strategic directions outlined in the Champlain LHIN *Integrated Health Service Plan, 2016-19*.

Initiatives with the Francophone population that will take place in 2018-19 include, for example:

- *Improving access to French-language services in respite care, palliative care, and acute-care for victims of sexual assault*
- *Engaging with Francophone communities, (via focus groups or other methods) to better understand other challenges in accessing French-language services*
- *Ensuring the Champlain LHIN provides the active offer of French-language services and supports the provision high-quality, accessible services for Francophones across the health system*
- *Collecting data on French-language services, particularly relating to health human resources and access to services for Francophones in each of Champlain's five sub-regions*
- *Monitoring the performance of Health Service Providers with respect to provincial French language services obligations and work plans with the new French language services data tool (OZi)*
- *Ensuring the public and providers are informed of available French language services and communicating how the LHIN and its partners are improving care for Francophones via the Champlain LHIN website and other methods.*

# Performance Measures

The Champlain LHIN monitors and reports on a suite of measures to assess progress on our plans and commitments. The measures and performance targets, where applicable, were selected to align with quality and patient care standards, our Accountability Agreement with the Ministry, our strategic plan (IHSP 2016-19), the *Patients First Act, 2016* and other provincial and local priorities.

We strive to attain a high degree of transparency, through regular performance reports to the Ministry, our Board of Directors

and the public. Detailed information, outlining progress, challenges, strategies and forecasts are widely distributed and posted on our website each quarter.<sup>16</sup>

Since the merger with the former Community Care Access Centre, our performance measures and reporting have expanded. The table below summarizes the measures that we report to our board and the public identifying how they align. Dozens of other measures are also tracked by management and staff.

## Legend

**Accountability Alignment:** Q: Quality Improvement Plan (QIP), X: Accountability Agreement with the Ministry.

**Strategic Priority Alignment:** A: Integrate community and home care services B: Evolve primary care networks, C: Integrate Mental health and addiction services, D: Culturally and linguistically appropriate care, E: Strategies to achieve performance targets, F: Expand enabling technology to bring care closer to home, G: Continue Implementing funding reform and innovative models of care, H: Enhance palliative care in settings of choice, I: Fast track Health Links implementation. Z: Enabler supports other priorities.

Indicator	Target	Aligned with
1) Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services	95%	Q, X, A, E
2) Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services	95%	Q, X, A, E
3) 90th percentile wait time from community for home care services: application from community setting to first home care service (excluding case management)	21 days	X, A, E
4) 90th percentile wait time from hospital discharge to service initiation for home and community care		X, A, E
5) 90th percentile emergency department (ED) length of stay for complex patients	8 hours	X, E
6) 90th percentile ED length of stay for minor/uncomplicated patients	4 hours	X, B, E, F
7) Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	90%	X, E, G
8) Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	90%	X, E, G
9) Percentage of alternate level of care (ALC) days	9.46%	X, A, E, F, G, H, I
10) ALC rate	12.7%	

<sup>16</sup>

<http://www.champlainlhin.on.ca/Accountability/Performance.aspx>

Indicator	Target	Aligned with
11) Repeat unscheduled emergency visits within 30 days for mental health conditions	16.3%	X, B, C, E
12) Repeat unscheduled emergency visits within 30 days for substance abuse conditions	22.4%	
13) Readmissions within 30 days for selected chronic conditions	15.5%	X, B, E, I
14) Proportion of adults with a primary care provider		B
15) Missed care by Service Provider Organization	0.05%	Q, A
16) Access to primary care appointment same day or next day		B, F
17) Emergency department visit rate for Conditions Best Managed Elsewhere		B, C, F, G, I
18) Proportion of Providers designated and identified for French language services		D, Z
19) Number of Health Service Provider Staff Trained in Aboriginal Cultural Competency		D, Z
20) Percentage of CT and MRI scans performed within wait time targets	90%	E, G
21) Patient telemedicine visit rate		B, C, F, G, Z
22) Percentage of individuals with high needs who have a Health Links coordinated care plan	6,300	A, B, C, G, I
23) Fall-Related Emergency Department Visit Rate Among Seniors		A
24) Physician Visits Within 7 days of hospital Discharge		B, G
25) Hospital Cost Efficiency (actual vs expected costs per weighted case)		G, Z
26) Home and community care volumes for various client and service categories (e.g. number of personal support hours provided)	Various	X, A
27) Percent of adult long stay home care clients who fell between assessments	≤37.7%	Q, A
28) Unplanned non-urgent emergency department visits within 30 days of hospital discharge, home care clients	≤6.6%	Q, A
29) Unplanned hospital re-admissions within 30 days of hospital discharge, home care patients	≤18%	Q, B, I
30) Percentage of palliative patients receiving home care who die in the setting of their choice	80%	Q, G, H
31) Home care patients meeting criteria offered Health Links		Q, A, I
32) Health system complaints (organized by nature of complaint, sector etc.)		Z
33) Responses to Home and community care complaints (by nature of complaint and target- e.g. LHIN vs. Service Provider Organization)	-Acknowledged within 2 business days -Closed within 30 calendar days	A, Z
34) Overall patient satisfaction with health care in the community		A, B, C, H
35) Proportion with positive overall experience of home care services	94.5%	Q, A
36) Overall rating of management/handling of care provided by care coordination		
37) LHIN Annual Business Plan Initiatives That Are On-Track	85%	Z
38) LHIN Enterprise Risk Assessment: Risk mitigation status		Z

# Risks and Mitigation Plans

Ontario Public Service Risk Category and Risk	Description	Risk Mitigation Plan
<b>Strategic</b> Significant transformation agenda associated with Patients First	<ul style="list-style-type: none"> <li>• The Champlain LHIN and regional Health Service Providers (HSPs) have undertaken a number of strategic initiatives to implement Patients First, including sub-regional planning, sub-acute care models, and innovative community-based models of care.</li> <li>• There are risks associated with the scale and scope of these changes as by their nature these changes require extensive stakeholder engagement and a collaborative approach which requires appropriate resourcing and thoughtful planning.</li> <li>• There is also significant reputational risk to the LHIN if visible progress on these initiatives is not seen.</li> </ul>	<ul style="list-style-type: none"> <li>• Understanding and alignment of Providers and various sectors around the transformation agenda are being facilitated through extensive stakeholder engagement, communication and collaborative planning efforts.</li> <li>• A strong project management approach is being taken with each of these strategic initiatives.</li> <li>• Sub-regional co-design efforts and a pragmatic approach that engages a 'coalition of the willing' in the sub-regions to determine areas of priority focus and to work collaboratively will also mitigate this risk.</li> </ul>
<b>Strategic</b> Alignment and phasing of multiple initiatives focused on improving the delivery of home and community care.	<ul style="list-style-type: none"> <li>• Initiatives such as levels of care, self-directed care, PSW wage harmonization, a new PSS agency, and the special needs strategy, are all great opportunities to improve the quality and level of service to home and community care patients.</li> <li>• To ensure success, we will make a concerted effort to fully understand the implications and plan/sequence these changes so that the positive impacts are realized, and patient care is not disrupted.</li> </ul>	<ul style="list-style-type: none"> <li>• Development of a Champlain LHIN home and community care modernization strategy that sets out the longer-term vision and integrates these initiatives.</li> <li>• Extensive engagement in pan-LHIN and Ministry discussions regarding these initiatives.</li> </ul>
<b>Strategic</b> Ability to scale up and extend the positive impact of Health Links	<ul style="list-style-type: none"> <li>• The Health Links infrastructure has been established and significant resources have been invested to increase the number of complex patients who receive care through this approach. An aggressive target has been set for 2018-19 which reflects our commitment to spread the benefits of Health Links.</li> </ul>	<ul style="list-style-type: none"> <li>• A centralized referral system for Health Links has been recently introduced, which should make access and referral easier, particularly among primary health care providers.</li> <li>• A communications strategy will be developed to promote the Health Links approach.</li> <li>• Improved reporting that provides more timeline and accurate levels of patient enrollment will allow for targeted responses and improvements.</li> <li>• Dedication of LHIN financial and human resources with strong project management and extensive stakeholder engagement to facilitate buy-in.</li> </ul>

Ontario Public Service Risk Category and Risk	Description	Risk Mitigation Plan
		<ul style="list-style-type: none"> <li>• <i>Shifting the perspective of Health Links from another 'system' to an approach to care should increase understanding and uptake.</i></li> <li>• <i>Further implementation will be promoted through sub-regional planning and strengthened local obligations in the SAAs.</i></li> </ul>
<b>Accountability / Governance</b> Limited flexibility in the ability for the LHIN to shift funds to areas of priority, as the Patients First agenda is implemented regionally	<ul style="list-style-type: none"> <li>• <i>As a newly merged organization with both system planning and delivery responsibilities, the LHIN is in a unique position to identify regional and sub-regional opportunities to shift resources into areas of government priority.</i></li> <li>• <i>A large percentage of funding is allocated by specific program, which may limit the LHIN's ability to respond to patient needs and to make regional decisions as the various initiatives related to implementing the Patients First agenda unfold.</i></li> <li>• <i>Although there is a mechanism to seek permission to shift funds, this is a relatively slow process, which may limit the LHIN's ability to successfully implement change in the region.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>The mandate letter between the Ministry and the Champlain LHIN clearly sets out the LHIN's priorities and accountabilities; decision making about funding allocation would aligned with this direction.</i></li> <li>• <i>Further discussions with Ministry about how to implement changes within the Champlain region and sub-region within a strong financial and program accountability framework.</i></li> </ul>
<b>Workforce</b> Health care workforce shortages	<ul style="list-style-type: none"> <li>• <i>The Champlain LHIN and contracted Service Provider Organizations (SPOs) are experiencing a shortage of health care workers – most notably Personal Support Workers and therapists - an issue that is being experienced province-wide.</i></li> <li>• <i>These challenges are felt particularly in certain geographies, particularly rural areas.</i></li> <li>• <i>These shortages will constrain the LHIN's ability to meet patient demand, despite increased levels of funding in home and community.</i></li> <li>• <i>These shortages also have an impact on the risk of missed care for patients and potentially the quality of care.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Workforce planning discussions have been initiated with SPOs to quantify opportunities to increase regional capacity.</i></li> <li>• <i>The LHIN will review business volumes within SPO contracts to provide more predictive referral volumes and to create a climate of stability that will promote growth to meet demand.</i></li> <li>• <i>The LHIN continues to prioritize clients with high, complex needs and re-assess needs regularly.</i></li> <li>• <i>A new health and community care forecast model is being developed that will consider workforce capacity as one of its factors. This model will allow the LHIN to improve its ability to forecast and plan the delivery of its home and community care services.</i></li> </ul>



Ontario Public Service Risk Category and Risk	Description	Risk Mitigation Plan
<b>Operational</b> LHIN Workforce Capacity and Capability	<ul style="list-style-type: none"> <li>• <i>The LHIN is also experiencing similar workforce shortages, resulting in challenges recruiting and retaining clinical and specialized skills.</i></li> <li>• <i>Salary differentials within the region contribute to these challenges, as well as the pace and extent of change within the newly merged organization.</i></li> <li>• <i>The demographic profile of LHIN staff is an aging one, with about 20% of staff approaching retirement age. These staff represent a significant amount of corporate knowledge.</i></li> <li>• <i>There are a number of staff who have highly specialized skills and experiences that are unique to the organization, which presents a risk to organizational capacity if they were to leave the LHIN.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Development of a longer-term succession plan.</i></li> <li>• <i>Development of innovative staffing models with part-time and advisory positions to allow the LHIN to retain expertise for longer periods of time and to effectively manage transitions.</i></li> <li>• <i>Review and redesign of the compensation framework.</i></li> <li>• <i>Recruitment and retention plan for clinical staff and care coordinators.</i></li> <li>• <i>Alignment of all staff around a patient centred culture that provides a common vision and set of expectations.</i></li> </ul>

# LHIN Operations Spending Plan

	2017/18 Estimated Actuals	2018/19 Allocation	2019/20 Planned Expenses	2020/21 Planned Expenses
<b>Allocation: Home Care/LHIN Delivered Services<sup>1</sup></b>				
Salaries (Worked hours + Benefit hours cost)	\$40,945,278	\$40,461,638	\$40,461,638	\$40,461,638
Benefit Contributions	\$11,464,678	\$12,561,313	\$12,561,313	\$12,561,313
Med/Surgical Supplies & Drugs	\$10,540,117	\$10,445,085	\$10,445,085	\$10,445,085
Supplies & Sundry Expenses	\$1,923,591	\$1,923,591	\$1,923,591	\$1,923,591
Equipment Expenses	\$3,819,715	\$3,773,166	\$3,773,166	\$3,773,166
Amortization on Major Equip, Software License & Fees				
Contracted Out Expense	\$176,797,263	\$179,493,968	\$179,493,968	\$179,493,968
Buildings & Grounds Expenses				
Building Amortization				
<b>TOTAL: Home Care/LHIN Delivered Services</b>	<b>\$245,490,642</b>	<b>\$248,658,761</b>	<b>\$248,658,761</b>	<b>\$248,658,761</b>
<b>Allocation: Aggregated Operation of the LHIN<sup>2</sup></b>				
Salaries (Worked hours + Benefit hours cost)	\$3,849,019	\$4,037,180	\$4,037,180	\$4,037,180
Benefit Contributions	\$905,478	\$1,265,934	\$1,265,934	\$1,265,934
Med/Surgical Supplies & Drugs				
Supplies & Sundry Expenses	\$342,444	\$444,207	\$444,207	\$444,207
Equipment Expenses	\$48,356	\$48,393	\$48,393	\$48,393
Amortization on Major Equip, Software License & Fees				
Contracted Out Expense	\$2,889,896	\$1,668,837	\$1,668,837	\$1,668,837
Buildings & Grounds Expenses				
Building Amortization				
<b>Sub-total: LHIN Operations</b>	<b>\$4,312,007</b>	<b>\$5,504,714</b>	<b>\$5,504,714</b>	<b>\$5,504,714</b>
<b>Sub-total: LHIN Operations Initiatives</b>	<b>\$1,680,896</b>	<b>\$1,959,837</b>	<b>\$1,959,837</b>	<b>\$1,959,837</b>
<b>Sub-total: LHIN Operations Digital Health</b>	<b>\$2,042,290</b>	<b>TBD</b>	<b>TBD</b>	<b>TBD</b>
<b>TOTAL: Aggregated Operation of the LHIN<sup>2</sup></b>	<b>\$8,035,193</b>	<b>\$7,464,551</b>	<b>\$7,464,551</b>	<b>\$7,464,551</b>
<b>Allocation: Integrated LHIN Administration/ Governance<sup>3</sup></b>				
Salaries (Worked hours + Benefit hours cost)	\$6,444,463	\$6,759,344	\$6,759,344	\$6,759,344
Benefit Contributions	\$1,740,005	\$1,825,023	\$1,825,023	\$1,825,023
Med/Surgical Supplies & Drugs				
Supplies & Sundry Expenses	\$2,111,967	\$2,033,930	\$2,033,930	\$2,033,930
Equipment Expenses	\$951,660	\$1,392,538	\$1,392,538	\$1,392,538
Amortization on Major Equip, Software License & Fees				
Contracted Out Expense	\$30,000	\$30,000	\$30,000	\$30,000
Buildings & Grounds Expenses	\$2,809,117	\$2,978,517	\$2,978,517	\$2,978,517
Building Amortization				
<b>TOTAL: Integrated LHIN Administration/ Governance</b>	<b>\$14,087,212</b>	<b>\$15,019,352</b>	<b>\$15,019,352</b>	<b>\$15,019,352</b>
<b>TOTAL: LHIN SPENDING PLAN</b>	<b>\$267,613,047</b>	<b>\$271,142,664</b>	<b>\$271,142,664</b>	<b>\$271,142,664</b>

## Notes

- 1) *Home Care/LHIN Delivered Services envelope includes direct services as defined in Schedule 7, Table 1 of the 2015-18 Ministry LHIN Accountability Agreement.*
- 2) *Aggregated Operation of the LHIN includes:*
  - a) LHIN Operations: LHINs' mandated system operations/activities related to planning, funding and integrating.
  - b) LHIN Operations Initiatives: Activities that are one-time and/or require separate reporting as per ministry funding letters. (E.g. French Language Services and Aboriginal Engagement).
  - c) LHIN Operations Digital Health: The coordinated and integrated use of electronic systems, information and communication technologies to facilitate the collection, exchange and management of personal health information in order to improve the quality, access, productivity and sustainability of the healthcare system.
- 3) *Integrated LHIN Administration/Governance envelope includes indirect costs such as administration and overhead expenses of the combined organization.*

# LHIN Staffing Plan (Full-Time Equivalents or FTE)

	2017-18 Actuals as of February 28/2018	2018-19 Forecast	2019-20 Forecast	2020-21 Forecast
<b>Home Care/LHIN Delivered Services<sup>2</sup></b>				
Management and Operational Support (MOS) FTE	164.73	161.6	161.6	161.6
Unit Producing Personnel (UPP) FTE	409.21	401.6	401.6	401.6
Nurse Practitioner (NP) FTE	5.0	6.5	6.5	6.5
Physician FTE	0.0	0.0	0.0	0.0
<b>Total Home Care/LHIN Delivered Services FTE</b>	<b>578.94</b>	<b>569.7</b>	<b>569.7</b>	<b>569.7</b>
<b>LHIN Operations<sup>3</sup></b>				
MOS FTE	14.33	13.7	13.7	13.7
UPP FTE	16.33	25.4	25.4	25.4
NP FTE	0.0	0.0	0.0	0.0
Physician FTE	0.0	1.0	1.0	1.0
<b>Total LHIN Operations FTE</b>	<b>30.66</b>	<b>40.1</b>	<b>40.1</b>	<b>40.1</b>
<b>LHIN Operations Initiatives<sup>4</sup></b>				
MOS FTE	0.0	1.6	1.6	1.6
UPP FTE	0.0	6.5	6.5	6.5
NP FTE	0.0	0.0	0.0	0.0
Physician FTE	1.8	0.0	0.0	0.0
<b>Total LHIN Operations Initiatives FTE</b>	<b>1.8</b>	<b>8.1</b>	<b>8.1</b>	<b>8.1</b>
<b>LHIN Operations Digital Health<sup>5</sup></b>				
MOS FTE	0.8	3.8	3.8	3.8
UPP FTE	1.2	0.0	0.0	0.0
NP FTE	0.0	0.0	0.0	0.0
Physician FTE	0.0	0.0	0.0	0.0
<b>Total LHIN Operations Digital Health FTE</b>	<b>2.0</b>	<b>3.8</b>	<b>3.8</b>	<b>3.8</b>
<b>Integrated LHIN Administration/ Governance<sup>6</sup></b>				
MOS FTE	21.46	29.0	29.0	29.0
UPP FTE	67.33	52.5	52.5	52.5
NP FTE	0.0	0.0	0.0	0.0
Physician FTE	0.0	0.0	0.0	0.0
<b>Total FTE</b>	<b>88.79</b>	<b>81.6</b>	<b>81.6</b>	<b>81.6</b>
<b>TOTAL FTE SUMMARY</b>	<b>702.19</b>	<b>703.2</b>	<b>703.2</b>	<b>703.2</b>

## Notes

- 1) One Full Time Equivalent equals 1950 hours per year. One FTE may be comprised of multiple staff.*
- 2) Home Care/LHIN Delivered Services envelope includes direct services as defined in Schedule 7, Table 1 of the 2015-18 Ministry LHIN Accountability Agreement.*
- 3) LHIN Operations includes LHINs' mandated system operations/activities related to planning, funding and integrating.*
- 4) LHIN Operations includes activities that are one-time and/or require separate reporting as per ministry funding letters. (E.g. French Language Services and Aboriginal Engagement).*
- 5) LHIN Operations Digital Health includes the coordinated and integrated use of electronic systems, information and communication technologies to facilitate the collection, exchange and management of personal health information in order to improve the quality, access, productivity and sustainability of the healthcare system.*
- 6) Integrated LHIN Administration/Governance envelope includes indirect costs such as administration and overhead expenses of the combined organization.*

# Communications & Community Engagement

The *Local Health System Integration Act, 2006* provides the legal framework for the Champlain LHIN, including its obligations for community engagement. Community engagement refers to the methods by which LHINs interact with the public, providers, and partners. Engagement with stakeholders can occur along a continuum of participation: inform, educate, consult, involve and empower.

The Integrated Communications Strategy is an important step in the community engagement continuum describing the LHIN's plans at the *inform* level of participation. The community engagement part of this plan outlines how we *educate, consult, involve and empower* the public and partners. A more comprehensive detailing of community engagement activities is available in the [Community Engagement Plan 2016-19](#).

## Objectives

### Business Objectives

The Champlain LHIN is working to improve people's health and foster healthy communities supported by a quality, accessible health system. That will be accomplished by building a coordinated, integrated and accountable health system for people, where and when they need it.

This is the third year of the Champlain LHIN's *IHSP 2016-19*, which outlines a strategic course and outlines nine key priorities. Communications efforts will fit within the contextual framework of the strategic plan. Communications activities will also align with the Champlain LHIN's recently acquired mandate to deliver home and community services.

### Communications Objectives

The Champlain LHIN guides communications activities of the organization in partnership with patients, clients, families, caregivers and providers. Both LHIN staff and Board Directors are involved in communications.

Communications objectives for 2018-19 are to:

- *Develop a refreshed internal and external communications strategy and plan that reflects the LHIN's mandate to deliver home and community care*
- *Build confidence among people in the Champlain region that:*
  - Progress is being made to improve access to health services
  - Progress is being made to improve the patient experience
  - The system is sustainable, being effectively managed, and providing value for tax dollars
  - The system is transparent.
- *Raise awareness of health services and support system navigation, including home and community care*
- *Increase health literacy to enable and support people in Champlain to live healthy lives and manage their illnesses better*
- *Engage providers, caregivers, stakeholders and system leaders to become active participants in and ambassadors for transformation*
- *Continue to consult the public on proposed health-system changes*
- *Anticipate and respond to arising issues in a timely, effective manner*

- *Address the region's diversity by reaching out to Francophone, Indigenous and immigrant communities through communications*
- *Ensure the continued use of the standardized LHIN visual identity*
- *Maintain the credibility of the Champlain LHIN, upholding its values of accountability, integrity, respect, openness, and trust.*

## Context

The Champlain LHIN liaises with the other 13 LHINs to ensure consistence and synergy among common programs.

The LHIN's *IHSP 2016-19* and specific strategies described in this plan are aligned with provincial government direction, and address priorities specific to the Champlain region.

For example, the LHIN's initiatives will support important provincial initiatives such as the *Patients First: Action Plan for Health Care*, *Patients First: A Roadmap to Strengthen Home and Community Care*, Health System Funding Reform, Health Links, and health initiatives for seniors.

In addition, LHIN activities will align with the Minister of Health and Long-Term Care's mandate letter, which sets out expectations for 2018-19.

The Champlain region is diverse, and includes Francophones, Indigenous communities and immigrant populations. In its communications, the Champlain LHIN endeavours to be inclusive, both in terms of representing diverse communities when promoting LHIN activities, and in showing how initiatives are addressing needs.

Some facts:

- *One in five Champlain residents lives in a rural area*
- *One in five Champlain residents is Francophone*
- *One in six Champlain residents reports using a language other than English and French*
- *There are two First Nations communities: Mohawks of Akwesasne (near Cornwall, it is the second most populous reserve in Canada), and Algonquins of Pikwàkanagàn First Nation (in Renfrew County). Over two-thirds of Indigenous peoples live in urban and rural communities.*

## Key Messages - Patients First: Action Plan for Health Care

Ontario is increasing access to care, reducing wait times and improving the patient experience through its *Patients First: Action Plan for Health Care* - protecting health care today and into the future.

The *Patients First: Action Plan for Health Care* sets clear and ambitious goals for Ontario's health care system in order to put patients at the centre by improving the health care experience: increasing access, connecting services, informing patients and protecting our health care system.

By putting patients first in everything we do, we will provide faster access to the care patients need today and make the necessary investments to ensure our health system will be there for patients for generations to come.



Changes underway supported by the *Patients First Act, 2016* have expanded the LHIN mandate and will give LHINs the tools, oversight and accountability they need to better integrate local health care services and coordinate care across the care continuum in a way that better serves patients.

In May and June 2017, home care services and staff transferred from the former Community Care Access Centres to LHINs. This was a structural system change that will help patients and their families get better access to a more local and integrated health care system. The process occurred in carefully planned stages and was seamless for patients and home care clients. There was no disruption to care, and providers remained the same.

Once fully implemented, these changes will make local health care more responsive to local needs:

- *Patients will benefit from improved access to primary care, including a single number to call when they need health information or advice on where to find a new family doctor or nurse practitioner.*
- *Primary care providers, inter-professional health care teams, hospitals, public health units and home and community care providers will be better able to communicate and share information, to ensure a smoother patient experience and transitions.*
- *Administration of the health care system will be streamlined and reduced, with savings put back into improving patient care.*
- *With Patient and Family Advisory Committees in every LHIN, the voices of patients and families in their own health care planning will be strengthened.*
- *There will be an increased focus on cultural sensitivity and the delivery of health care services to Indigenous peoples and French speaking people in Ontario.*

## Target Audience

- *Patients, clients, family members, caregivers, and the public*
- *Health Provider Organizations*
- *Provider Boards*
- *Media*
- *Social media participants*
- *Health-care professionals*
- *Health Links clients and family members*
- *Local citizen groups*
- *Diverse populations including Indigenous, Francophone, and immigrant communities*
- *Provincial and local political representatives*
- *Health-care associations*
- *Other provincial ministries.*

## Strategic Approach

LHIN Board members and LHIN staff will take part in reaching out to the audiences above. The aim is to ensure members of the public, providers, partners, opinion leaders, and media know how to access health services and become more involved in helping to improve health care. We also want to ensure local residents know that the Champlain LHIN plays a critical role in planning, integrating and funding health services, and in providing home care.

The *ABP 2018-19* outlines specific projects and programs spearheaded by the Champlain LHIN. A number of these initiatives require their own communications strategies, which will include context, timelines, audiences, tools/tactics, specific key messages and a deliverable tracking chart. These plans will be developed in collaboration with health partners.

Communications strategies and tools will be evaluated annually to determine effectiveness of approaches.

### Activities

A number of external and internal communications tools will be used by the LHIN in 2018-19. These include:

- *Printed materials and web-based materials/guidance (e.g. client welcome packages, [champlainhealthline.ca](http://champlainhealthline.ca)) for clients, patients, family members and caregivers*
- *Internal web-based tools (e.g. Navigator website) and events (e.g. town halls) for sharing information among LHIN staff*
- *Champlain LHINfo Minutes and video clips to share information about LHIN-led programs and initiatives, with a specific focus on transformational programs*

- *Key documents such as Champlain LHIN Board Highlights, distributed after board meetings to capture discussions and decisions of interest to the public*
- *Support of community engagement activities by, for example, posting relevant information to the website, promoting events through social media, and sharing best practices and results*
- *Champlain LHIN press releases and media events for major announcements, as well as Champlain LHIN support for partner communiqués*
- *Social media platforms. These include:*
  - English and French Twitter accounts
  - YouTube channel
  - LinkedIn.

## Evaluation

Various evaluation tools will be used to measure the effectiveness of communications activities. They include attendance at events, public feedback, and volume and tone of media coverage, including social media.

## Community Engagement Plan

Community engagement is integral to a person-centered health care system. The Champlain LHIN engages with patients, clients, caregivers Providers, community leaders, the public and partners, such as the French Language Health Services Network of Eastern Ontario (*Le Réseau*), the Indigenous Health Circle Forum and the Ottawa Local Immigration Partnership to identify local needs and challenges as well learn their experiences, gain input and feedback.

The Champlain LHIN is committed to building a system that is organized by the people who use it. In a person-centred health care system, people have a voice in their own care, and in health system planning and decision-making for system improvement.

Community engagement is integral to a person-centered health care system and key focus of the Champlain LHIN. In a person-centred health care system, people have a voice in their own care, and in health care system improvement planning and decision-making.

To build a more integrated, coordinated health system, we must engage various and diverse communities. These include patients and caregivers, Providers, the public, Francophone community, immigrant populations, Indigenous Peoples, as well as partners: the LHIN Patient and Family Advisory Committee, Indigenous Health Circle Forum, Ottawa Local Immigration Partnership, French Language Health Services Network of Eastern Ontario (*Le Réseau*), and Public Health.

Patient engagement, in particular, is a key priority of the Champlain LHIN. To improve health outcomes and experiences, patients and families across Champlain must be engaged and empowered to shape care delivery.

We engage to identify local needs and respond to challenges, learn from people's experiences, and gain local input and feedback to drive system change. This engagement is essential to ensure that changes in the health care system reflect the needs of those it serves.

Engagement with communities within the Champlain region helps us achieve:

- *Informed decision-making with a focus on the needs of the people impacted*
- *Enhanced local accountability and empowerment*
- *A shared sense of understanding and responsibility for health care system improvements*
- *Locally sustainable solutions, appropriate to each community.*

The Champlain LHIN upholds eight key principles to guide our community engagement and ensure it is meaningful, equitable and makes an impact.

- *Informed planning and preparation*
- *Inclusiveness and attention to demographic diversity*
- *Engagement with Indigenous Peoples*
- *Engagement with the Francophone communities*
- *Commitment to learning*
- *Demonstrate trust and transparency*
- *Focus on impact and action; and*
- *Sustainment of a participatory culture<sup>17</sup>.*

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<sup>17</sup> LHIN Community Engagement Guidelines and Toolkit

The *Champlain LHIN Community Engagement Plan 2016-19* includes three goals that align with the *Patients First Action Plan for Health Care*:

- 1) *Foster a better understanding of the LHIN and support for its programs in the development of a person-centred health system,*
- 2) *Engage local communities to advance our strategic directions and priorities for health system change, and*
- 3) *Work collaboratively with Providers and partners to improve community engagement practices.*

The following is a sample of the 2018-19 patient and community engagement initiatives that will take place to advance these goals:

- *Build upon the work of the Champlain LHIN's newly formed Patient and Family Advisory Committee*
- *Engage the community to inform the development of the 2019-22 Integrated Health Service Plan*
- *Partner with the Ottawa Local Immigration Partnership to engage refugees about mental health with the aim of expanding health services*
- *Engage members of the Francophone community to identify and address gaps in access to French language services*
- *Build upon the partnerships within sub-regions and collaborate to improve integration and access to health services*
- *Engage with primary care to guide strategies to expand access to inter-professional teams in LHIN sub-regions*

- *Continue to partner with the Indigenous Health Circle Forum to improve Indigenous health in the Champlain region*
- *Engage patients and family members to inform improvements to falls prevention services*
- *Collaborate with the Regional Planning Table for Trans, Two-Spirit, Intersex and Gender Diverse communities to develop and implement strategies to ensure gender affirming services are a part of everyday care.*
- *Engage regional, provincial and project Steering Committees and working groups to inform enabling technology improvements related to integration, care coordination and care transition priority areas, for example: Health Links, community support services, innovative technology solutions, and access to specialty care.*
- *Continue to engage the public and key stakeholders to inform them of home and community care services, health system performance and transformation initiatives.*

A copy of the [LHIN Community Engagement Guidelines](#) is available on our website to help guide providers as they fulfill their community engagement obligations.

Appropriate community engagement is undertaken for all voluntary, facilitated and required integrations, according to the *Local Health System Integration Act, 2006*.

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